



Delta Dental of Nebraska

Electronic Claims Submission

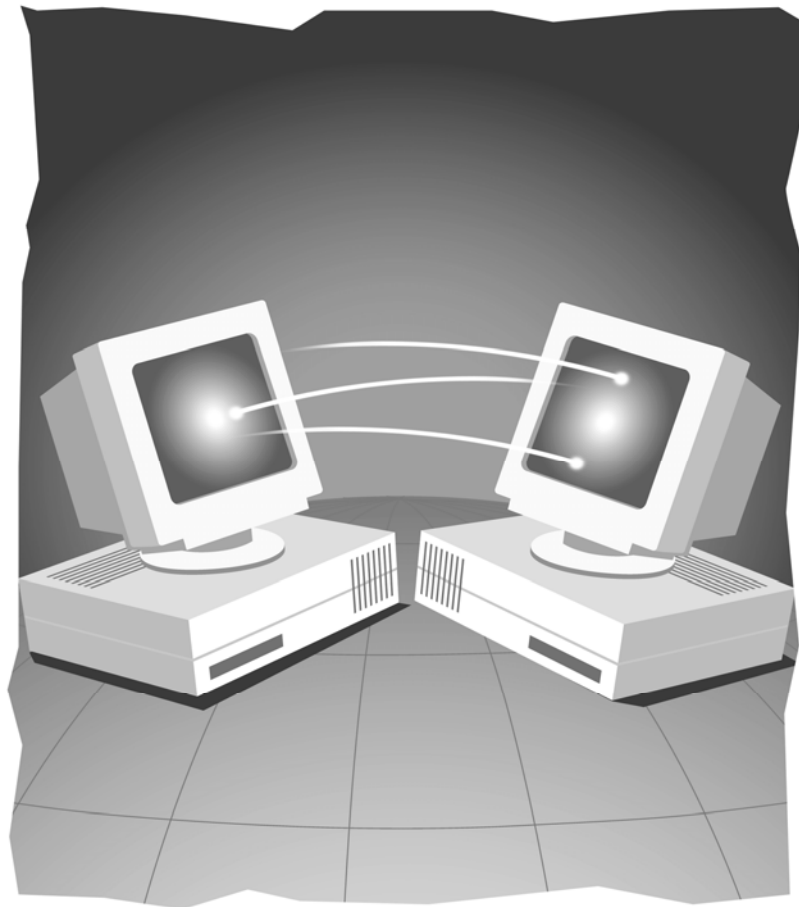


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Introduction

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.

Why Submit Electronically?

Five reasons to start submitting electronic claims today:

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.

Minimize Cash Flow Disruptions

Electronic claims are processed faster, which means faster payment.

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.

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 Delta Dental of Nebraska and other insurance carriers.

Receive Claim Status Information

The clearinghouse edits claims before sending them on to Delta Dental of Nebraska, 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 Delta Dental of Nebraska as claims are processed. This is not available with paper submission.

Getting Started

To send claims electronically of 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.

Delta Dental of Nebraska 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. Delta Dental of Nebraska accepts Electronic Claims Submission for these plans:

- Delta Dental of Nebraska (Plan 028)
- Delta Dental – National Program (Plan 928)

Technical Requirements

Delta Dental of Nebraska 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 Delta Dental of Nebraska'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 Delta Dental of Nebraska'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 the vendor who provides the necessary hardware and practice management software for your office.

Submitting Electronic Claims

Three basic steps to follow when submitting claims:

Required Data

Patient Information needed

- Submit the subscriber ID and the subscriber's date of birth. Delta Dental of Nebraska uses this information to ensure the claim is processed under the correct product.

Provider Information Needed

- Servicing/Treating Provider TIN or SSN, which is used on your W-9.
- Servicing/Treating Provider License Number, this is the License Number issued by the State you are doing business in.

- Servicing/Treating Provider Name.
- Billing Address, where the payment should be mailed.

Note: (As of May 23, 2007 all claims must include your National Provider Identifier.)

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.

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 Delta Dental of Nebraska during the next business day. If multiple clearinghouses are involved, an additional day may be required. Delta Dental of Nebraska edits and adjudicates the claims.

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 Delta Dental of Nebraska has received your claims as well as an explanation of any problems.

Review your response reports forwarded by your clearinghouse to determine if there are any errors on claims received by Delta Dental of Nebraska. Contact Delta Dental of Nebraska's Customer Service Center if you have questions regarding errors, or to request an "Electronic Claims Submission" guide, which details special requirements such as x-rays, etc.

Special Considerations

Claims with X-rays or Attachments

Most claims do not require the submission of x-rays or attachments. In cases where Delta Dental of Nebraska has requested x-rays or additional information, the claims cannot be submitted electronically.

Claims with Other Payers (Coordination of Benefits)

When a patient is covered under more than one group insurance plan, claims may be submitted electronically if Delta Dental of Nebraska is the primary or secondary payer. If Delta Dental of Nebraska is the secondary payer, the claim must include the amount paid by the primary payer. If this amount is not included on the claim, you will receive a follow-up letter requesting this information and processing will be delayed.

If a patient is covered under two different group insurance plans that are both administered by Delta Dental of Nebraska, you may submit the claims electronically. You should first submit the claim using the subscriber's ID with the primary group coverage. Once payment has been made, you may submit the claim electronically under the subscriber's ID with the secondary coverage. Include the primary plan payment on the secondary claim that is submitted.

Claims Rejected from Electronic Claims Submission

Delta Dental of Nebraska 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 Delta Dental of Nebraska 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, you may encounter a "duplicate claim error."

Processed Claims Needing Adjustments and Resubmission or Appeal

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

1. 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.
2. Make the corrections on the EOB.
3. Mail to the appropriate mailing address.

Claims with Assignment of Benefits for Non-participating Providers

In most cases, our group contracts do not allow assignment of benefits to non-participating providers. Claim payment will be sent to a non-participating provider if the group contract allows assignment of benefits, the subscriber/patient has authorized assignment of benefits, and this is indicated on the claim. In all other situations, payment will be sent to the subscriber.

Frequently Asked Questions

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 Delta Dental of Nebraska's Payer ID, 07025 to route the claim to our processing center.

Q. Am I authorized to submit claims electronically?

A. Yes. If you are providing services to a Delta Dental of Nebraska member and you submit at least one claim electronically you will be automatically authorized.

Q. How do I become an electronic claims provider?

A. If you are already sending electronic claims to other payers, use the correct Payer ID for Delta Dental of Nebraska following your normal process.

Q. I submitted a claim and I haven't been paid yet. Should I submit it again?

A. Prior to resubmitting, please review the claim status by accessing our website at deltadentalne.org or contact Delta Dental of Nebraska's Customer Service Center by calling 1-800-553-9536. When calling Customer Service, please indicate that the claim was sent electronically.

Q. I have a question about an electronic claim. Whom should I call?

A. Contact Delta Dental of Nebraska's Customer Service Center by calling the 1-800-553-9536. Delta Dental of Nebraska'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 long will it take to receive payment for an electronic claim?

A. You should receive payment within one to two weeks from Delta Dental of Nebraska'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.

Electronic Claims Transmission Reports

The clearinghouse and Delta Dental of Nebraska both generate electronic reports. The reports provide confirmation that your claim(s) were sent to and received by Delta Dental of Minnesota's claim center. The report from Delta Dental of Nebraska is the Electronic Claims Transmission Report. It contains a list of claims that have been received and explains what action has occurred on each claim. Claims not adjudicated during the initial submission will appear on the report as actions are taken. The report will also indicate when the claim closes and explanation of benefits are sent.

The following chart provides a summary of key information included on the Electronic Claim Transmission Report.

<i>Contents of the Electronic Claims Transmission Reports</i>	
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.
Received Date	Date the claim was received by Delta Dental of Nebraska.
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. 028) and claim number assigned by Delta Dental of Nebraska 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.

Sample Output of the Electronic Claims Transmission Report

103/29/00	Delta Dental of Nebraska Electronic Transmission Report			Page 1
01:32:55 ECS50B	Electronic Claims Daily Report JAMES A DENTIST 1234 E HWY 1 Any City, NE 12345 DOXDD7			DD:028472529611//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 Delta Dental of Nebraska Dental Claim ID: 028-0308707009			
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 Delta Dental of Nebraska Dental Claim ID: 0280-0305877010			
RESULT:	Claim Received and in process at Delta Dental of Nebraska Dental. Coverage being reviewed.			
DESCRIPTION:	Coverage will be manually verified by Delta Dental of Nebraska. 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.			

Troubleshooting ECS Problems

- If you have not received your ECS report, call your clearinghouse/vendor for more information.
- If a claim you have sent does not appear on the transaction report, call your clearinghouse/vendor.
- If you have received your ECS report and have a question regarding details on paid or denied claims, call Delta Dental of Nebraska Customer Service. For easy reference, please identify your clearinghouse contact information.