DENTAL INSURANCE 101

ANSWERS TO REDUCE YOUR ACCOUNTS RECEIVABLE

THE UHIN DENTAL WORKGROUP | PRESENTED BY SARA VANDERMOLEN

COMMON ISSUES AND CONFUSIONS

1. How do federal mandates apply to me as a provider?
2. Why is there so much variation in reimbursement and rules for the same services?
3. Are payers following the same rules?

FEDERAL MANDATES

FEDERAL MANDATES ISSUE: FEDERAL COVERAGE MANDATES ARE CONFUSING

- Dental coverage for children age 18 and under is considered an **“essential health benefit”** under the Affordable Care Act.
- Dental coverage for adults is also available through the Health Insurance Marketplace.
- In the Health Insurance Marketplace, coverage may be **embedded** or **stand-alone**.

FEDERAL MANDATES ISSUE: HOW MUCH DOES HIPAA APPLY TO DENTISTS?

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Does the person, business or agency…
- Furnish healthcare
- Bill healthcare
- Receive payment for healthcare

…in the normal course of business?

NO

NO

This person, business, or agency is NOT a HIPAA covered health care provider.

YES

Does the person, business or agency send any covered transactions electronically?

YES

This person, business, or agency IS a HIPAA covered health care provider.

FEDERAL MANDATE ISSUE:
NATIONAL PROVIDER IDENTIFIER (NPI) CONFUSION

Do I need an NPI?

- HIPAA-covered Healthcare Providers must obtain NPIs. This includes dentists!
  - Register for NPIs at NPPES
  - Those who don't comply may have a complaint filed against them.
- Dentists prescribing medications must include a Type 1 NPI on the pharmacy claim.
  - This requirement applies even if you wouldn't normally be considered a HIPAA covered entity.
- Claims submitted to Medicare Part D must include the Type 1 NPI of the prescribing dentist.

What are the types for?

- Type 1 NPIs are for:
  - Individual providers working on their own
  - Individual providers attached to group practices
- Type 2 NPIs are for:
  - Organizations

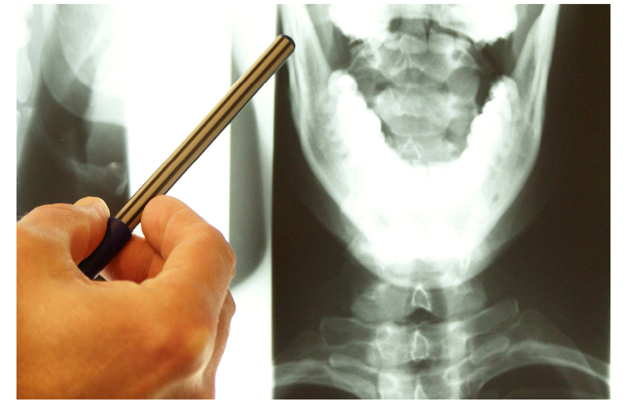
FEDERAL MANDATE ISSUE: DO I NEED TO WORRY ABOUT ICD-10?

- Maybe. ICD-10 codes are necessary if:
  - The patient has a systemic condition making that oral health service necessary.
  - If it is an accident claim (the ICD-10 code identifies it as an accident).
- Dental practitioners most affected by ICD-10:
  - Oral surgeons (treating temporomandibular disorders, facial pain, sleep apnea)
  - Oral pathologists
  - Oral radiologists
  - Pediatric dentists

RECOMMENDATION: IF YOU BILL HEALTH PAYERS FOR ANY REASON, GET FAMILIAR WITH ICD-10

REIMBURSEMENT:
WHY SO MUCH VARIATION?

REIMBURSEMENT ISSUE:
WHO DO I BILL FIRST FOR ACCIDENTS?



- If it was a general accident, bill the patient's **health** insurance payer first.
  - Check ahead for definitions and timelines.
  - TIP: get prior authorizations and keep detailed documentation.
- If the patient was in a car accident, bill the **auto** insurance payer first.
- If the accident was job-related, bill the payer that handles **Worker's Compensation** for the patient's employer.

  (Utah Administrative Code R612-300-5-H)
  - Can you bill the health insurance, too?
  - Initial vs. follow-up treatment

Check out the Accident Guidelines at www.uhin.org/system/files/Dental_Accident_Guidelines.pdf.

WHAT KIND OF INSURANCE DO YOU DEAL WITH?

- Self-insured (ERISA) employer-sponsored
- Fully-insured employer-sponsored
- Individual policy
- Medicaid

REIMBURSEMENT ISSUE: NOT KNOWING WHETHER A GIVEN PLAN WILL PAY YOU

- **HMO (Health Maintenance Organization)** plans pay only for services received from dental providers **in the plan's network.**

- **PPO (Preferred Provider Organization)** plans **do** cover services provided by dentists outside the plan's network. However, patients usually pay more to visit an out-of-network dental provider.

- **Indemnity** plans do not restrict the dentists that patients may visit, and pay a percentage of the cost of care.

- **Individual** plans (purchased by an individual person) may have waiting periods, whereas **Group** plans (often available through employers) may not.
  - Eligibility queries will notify you of any applicable waiting periods

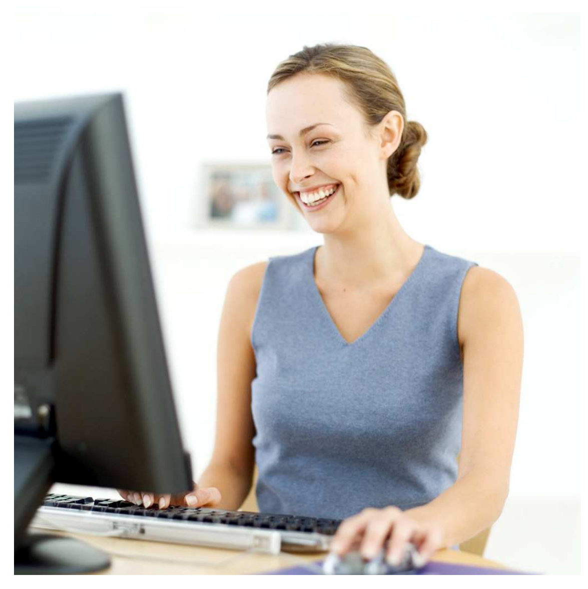
WILL A PLAN PAY YOU?: MEDICAID EDITION

- Utah Medicaid provides routine dental services to:
  - Pregnant women
  - Children from birth to 21 years who are participating in the Children's Health and Evaluation Care (CHEC) program.
- Medicaid beneficiaries who are NOT either pregnant or participating in CHEC receive emergency dental care only.
- Dental-eligible Medicaid beneficiaries who live in Davis, Salt Lake, Utah and Weber counties must go to dentists who accept either Delta Dental or Premier Access.
- Patients who have one of the Medicaid dental plans are restricted to a chosen primary care dentist.
  - If they want to go to a different dentist, they have to first contact their dental plan and change their designated dentist.

REIMBURSEMENT AND COVERAGE: ELIGIBILITY QUERIES CAN SAVE YOU HEADACHES!

If you have any doubts, an eligibility query (270) can help.

- The 270 is a standard transaction widely accepted by payers
- Eligibility responses (271) typically include:
  - Covered benefits
  - Patient responsibility (remaining deductible, co-pay and co-insurance)
- Many payers have eligibility in their web portals
- Does your practice management software support eligibility?



BONUS TIP: WHAT IS A CLEARINGHOUSE, AND WHEN SHOULD I CALL MINE?

Clearinghouses get electronic (and some paper) claim information from Point A to Point B.

When should you call your clearinghouse?

- Payer IDs are set by **each clearinghouse**.
  - Payer IDs may be different across clearinghouses.
  - Payer ID questions? Make sure to check with **your** clearinghouse to avoid confusion.
  - Many clearinghouses post their payer lists on their websites. Example: www.uhin.org/uhin-payer-list

Who is your clearinghouse?

- How can you find out?

ARE THEY FOLLOWING THE SAME RULES?

CONSISTENCY ISSUE: ARE PLANS FOLLOWING DIFFERENT RULES?

Fully-Insured Plan

- Governed mostly by state Insurance Department

Self-Insured Plan

- Governed by the federal Employee Retirement Income Security Act (ERISA)

What can that affect?

- Adjudication timeframes
- Content of denial notifications
- Appeals process
- Coordination of benefits process

Regardless of who governs the plan, it does NOT affect how you bill the payer

TO FIND OUT WHICH PLAN TYPE YOU'RE DEALING WITH, CHECK THE PLAN GUIDELINES OR CONTACT THE PAYER

QUESTIONS?