Billing for tax: electronic and paper claims

HMSA has an important update regarding dental claims filed electronically and on paper, along with how to calculate the tax for both cases. Following are some of the main points covered.

Dental claims filed electronically:

In accordance with HIPAA EDI requirements, there is no special code for tax associated with dental services because tax is considered a benefit for certain plans. Dental providers reporting a separate line for tax on claims will see the rejection of the tax line due to HIPAA regulation edits. For the providers to receive payment from HMSA when tax is a benefit, new steps need to be taken for the process to be completed correctly.

Dental claims submitted on a 2006 ADA form:

For paper claim submissions, each line of service must be accompanied by a separate line that indicates the tax calculated based on the charge for that line of service. The tax needs to be billed using HMSA’s code for tax: Z9020.

Calculating tax:

The tax amount, whether it is reported on a separate line or in the service line amount, should be calculated based on the actual charge for that line of service. It should not be based on HMSA’s maximum allowable charge (MAC), the HMO fee or the other lesser amount. HMSA’s claims processing system adjusts the tax to show the correct amount owed when it determines the eligible charge and processes the claim. However, if the tax is not billed based on the actual charge, the amount shown in the Report to Provider (RTP) will reflect an incorrect amount.

For more detailed information on filing electronic and paper claims, or to find out more about calculating tax for billing, please visit the HMSA Provider E-Library.
HMSA’s newest benefits and changes

HMSA’s new partnership with Life and Specialty Ventures (LSV) brought new benefits and plan changes to Hawaii’s marketplace. The new plans are positive enhancements to HMSA’s dental products. Following are some of the changes that took place.

New dental plan and benefit changes:
To simplify its many dental products, HMSA combined and streamlined the number of plans available. HMSA also worked with LSV to improve the approach to dental benefits. Examples include:

- 100 percent coverage for preventive services
- Alignment of two exams, two cleanings and two fluoride treatments per calendar year
- Higher annual maximum option for all employers
- Dental sealants up to age 17
- One set of bitewings per calendar year and a full mouth every three years

Change to HMO dental:
A fundamental change has been made to the dental HMO network. The Dental INdependent Network (DIN) is no longer offered to new members. Members who were assigned to your practice had the option of selecting the PPO product or continuing with the HMO plan via the Hawaii Family Dental Centers select network.

Tesia-PCI: dental claims clearinghouse

HMSA now brings you new services from the agreement between LSV and Tesia-PCI Corporation—at no cost to you.

Tesia-PCI specializes in dental clearinghouse services and assists over 70,000 dentists nationwide. They offer over a dozen tools and solutions for your office to submit electronically to nearly 1,000 dental payers (including HMSA).

HMSA no longer directly accepts dental claims electronically. You will need to submit electronic claims to LSV’s clearinghouse, Tesia-PCI:

- Tesia-PCI has Mutual Gateway Agreements with numerous clearinghouses—including many of the main clearinghouses that HMSA dental providers use to submit electronic claims to HMSA.
- Tesia-PCI is willing to accept electronic transactions from any vendor in any format, method of communication and encryption for a seamless transition.

Additional services are available to you via Tesia-PCI, including:

- FREE claims submission to HMSA using a Tesia-PCI solution.
- FREE electronic attachment submission to HMSA.
- Sign up to submit ALL claims to ALL payers for a fixed price of $29.95 a month through Tesia-PCI.

How to get started:

1. If you have a current vendor, have them contact Tesia-PCI at 1 (888) 201-5886 or e-mail at Vendor@TesiaSupport.com.
2. For direct service, register online at www.Tesia.com or complete its Services Application and fax it back.

For more information on Tesia-PCI services, visit www.Tesia.com, or you can contact them directly at Info@TesiaSupport.com or at 1 (800) 724-7240 (8 a.m. – 6 p.m. EST).
Reminder: standardization of paper claims

The new Optical Character Recognition (OCR) solution will eliminate the need to manually enter claims information and related data entry errors into our system. For the OCR scanning process to work, three requirements must be met:

1. **Form standardization**
   Dentists need to standardize the forms they use to submit claims to HMSA. We are adopting the 2006 ADA Dental Claim form as the standard form for paper processing. To view a copy of this form see [www.ada.org/prof/resources/topics/claimform.asp](http://www.ada.org/prof/resources/topics/claimform.asp). Electronic versions of this form can be purchased at [www.ada.org](http://www.ada.org). Paper-based claim forms are also available from the following local vendors:
   - **Business Forms Network, Inc.**
     Contact: Rita Ishizu, 853-2202
   - **Rainbow Printers**
     Contact: Peter Gomes, 593-9782
   - **Stratacom**
     Contact: Elliot Lum, 536-4236

   Effective October 1, 2008, HMSA will no longer accept nonstandard claim forms. Claims that are not filed on the 2006 ADA claim form will be returned for correction.

2. **Data format**
   HMSA assigned legacy ID numbers, which expedite claim processing. We will still need the 10-digit legacy ID number that was assigned to you.

   If you are uncertain about your legacy ID number, contact Provider Services or check the Hawaii Healthcare Information Network (HHIN) at [hhin.hmsa.com](http://hhin.hmsa.com). The number may appear like the samples below:

<table>
<thead>
<tr>
<th>Base number</th>
<th>Correct number</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1234-5</td>
<td>0080012345</td>
</tr>
<tr>
<td>05555-1</td>
<td>0000055551</td>
</tr>
</tbody>
</table>

   To expand your base number to your correct number, add two zeros before the first character and a sufficient number of zeros after to lengthen the number to 10 characters total.

   HMSA asks that dentists begin using their 10-digit legacy ID, NPI, Tax ID and their patient’s 13-digit HMSA member number as it appears on their ID card as soon as possible on all paper claims. Beginning October 1, 2008, paper claims that do not have a full 10-digit HMSA legacy ID number and NPI will be returned to the dentist for correction.

3. **Data location**
   It is critical that you put the information in the designated field location. HMSA claim filing instructions to complete the 2006 ADA claim form for HMSA are available on the Provider E-Library.

### New dental coverage codes

On May 1, 2008, the following coverage codes became available for PPO and HMO plans. Go to the Provider E-Library at [www.hmsa.com/portal/provider/index.htm](http://www.hmsa.com/portal/provider/index.htm) and click on Benefits and Copayments for details.

<table>
<thead>
<tr>
<th>PPO</th>
<th>L01, L02, L03, L04, L06, L07, L10, L11, L13, L30, L33, L46, L47, L48, L53, L54, L60</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO</td>
<td>L50, L51</td>
</tr>
</tbody>
</table>

### National Provider Identifier (NPI)

The NPI regulation says you must submit your EDI claims using your NPI only. No proprietary or legacy numbers will be accepted on electronic claims. **However, your legacy number is still required to be on all paper claims.** To register your NPI, send your NPI Enumerator letter to:

**HMSA, Provider Services, Provider Information Unit**

P. O. Box 860

Honolulu, HI 96808-0860

### Use of NPI for paper claims

You must use your NPI on paper claims and continue to file claims with your existing legacy ID number. The 2006 ADA claim form has specific spaces for both the NPI and your legacy number as explained in the instructions in the Provider E-Library.
New call center staff awaits you

Not long ago, the HMSA Dental Services Call Center added some friendly voices to its team to provide you with a quick way to get your questions answered so you can better serve your patients.

There are currently four experienced dental associates, with two more on the way in the next few months, who will ensure you have access to the information you need. Each associate can assist you with things such as your patient’s eligibility, claims, plan benefits and payment inquiries.

The Dental Services Call Center number is 948-6440 and it is open Monday through Friday from 8:00 a.m. to 4:00 p.m. If you need a question answered after normal call center hours, patient eligibility information is available 24-hours a day, seven days a week, on the Hawaii Healthcare Information Network (HHIN) at hhin.hmsa.com. To send correspondence, you can mail the call center at its new address: HMSA, Dental Services, P.O. Box 1320, Honolulu, HI 96807-1320.

Fax your requests to us!

Requesting standard patient information just got easier by completing the Dental Fax Request Form.

This is all you need to do:
- obtain the form at http://www.hmsa.com/portal/provider/zav_pel.fm.for.500.htm
- fill it out
- fax it to 538-8996
- we’ll fax it back to you within 30 minutes

Forms can be filled out by hand or on your computer. Please make sure all of the information is included so we can provide you with a timely response. Faxes received after 3:00 p.m. will be faxed back the following day.

For more detailed inquiry such as claims, please contact the Dental Services Call Center at 948-6440.