

# PROVIDER WEB PORTAL (PWP) ENHANCEMENTS

The screenshot displays the DentaQuest Dentist web portal. At the top left is the DentaQuest logo, and at the top right is the user role 'Dentist'. Below the logo is a 'Welcome Brand' banner with links for 'Home | FAQ | Sign Out'. A left-hand navigation menu includes 'Administration', 'Claims/Pre-Authorizations/ Referrals', 'Patient', 'Tools', 'Privacy Policy', and 'Provider User Agreement'. The main content area is divided into sections: 'Welcome' with a 'Welcome Dentist!' message and links to video tutorials; 'Plan Messages' with a sub-section for 'Orthodontic Record Billing' detailing claim requirements and a 'CDT-2013 Updates' section; and a 'Provider Satisfaction Survey' link. A photo of a young girl is shown on the right with links to an 'Event Calendar' and 'Related Documents'. A 'Mandate to Transition to EFT (Direct Deposit)' section is at the bottom.

**DentaQuest** Dentist

Welcome Brand Home | FAQ | Sign Out

**Administration**  
Claims/Pre-Authorizations/ Referrals  
Patient  
Tools  
Privacy Policy  
Provider User Agreement

**Welcome**  
**Welcome Dentist!**  
To help you get started, we have created some video tutorials.  
• [Web portal Video Tutorial - Claim Search](#)  
• [Web portal Video Tutorial - Eligibility Search plan](#)  
• [Web portal Video Tutorial - Self Registration](#)

**Plan Messages**  
**Orthodontic Record Billing**  
Thank you for your continued partnership with DentaQuest to serve the dental needs of your community. In an effort to remain consistent with reporting requirements for Orthodontic Treatment the following changes are being made effective February 1, 2013:

- Claims must be submitted for Orthodontic Records
- A standard ADA claim form, or electronic submission should be used
- The date of service (DOS) on claims should include the date the model was created not submitted
- Models include any records made for the orthodontic case including: x-rays, photos, etc.

• We appreciate your assistance ensuring that this information is accurately supplied and reported.

**CDT-2013 Updates**  
Thank you for your continued partnership with DentaQuest to serve the dental needs of your community. As you may be aware, several changes were made to the Current Dental Terminology for 2013. DentaQuest is working with our clients to ensure consistency with the CDT codes and reporting requirements in each area.  
At this time, please use the codes reflected in your Provider Agreement and Provider Manual for billing services for DentaQuest Members. We will communicate with you directly when the program(s) in your area make any changes to their CDT coding.  
Should you have any questions on this new process, please contact DentaQuest or your local Provider Relations Representative.

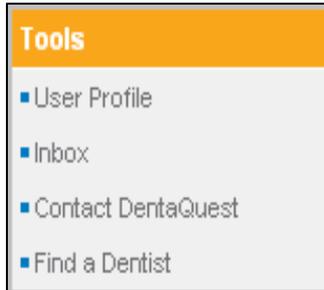
**Provider Satisfaction Survey**  
Please click [here](#) to fill out the provider satisfaction survey! Your feedback is very important to us.  
Please complete the survey in one week.

**Mandate to Transition to EFT (Direct Deposit)**  
The 2011 General Assembly Appropriation Act (Item# 300H) requires all providers transition to electronic funds transfer for reimbursements via EFT (Direct Deposit) no later than July 1, 2013.  
The EFT (Direct Deposit) form is available on the portal under related documents.

[Event Calendar](#)  
[Related Documents](#)



# APPEALS AND PEER TO PEER CALL REQUESTS VIA THE PWP



Home

### Contact DentaQuest

This page enables you to send secure messages to DentaQuest.  
Select the type of inquiry from the dropdown menu and type your question, comment, or suggestion in the comments text box. If desired, add an attachment to your message. If you need to attach more than 1 file, please zip up the files and upload the zip file.  
Clicking submit sends the message.

**Message**

Your Name: uptown uptown

\* Message Type: [Dropdown menu open showing: Appeals, DDS Peer to Peer Call Request, Location Information Change, New Portal Feedback, Other, Provider Authorization, Provider Claims, Provider Eligibility Benefits, Provider NPI Info, Remittance Documents, Request to Add Other Insurer, Technical, Clear Dentist]

Attachment: [Upload link]

Claim/Pre-Authorization Number: [Text box] Search

Member Name: [Text box] Search

Dentist Name: [Text box] Search

\* Description: [Text box]

\*Required Fields [Submit] [Cancel]

- Select the type of inquiry you want to make from the **Message Type** drop-down list
- Type your question or comment in the **Description** text box
- You can add an attachment, a claim/pre-authorization, a member or a provider record to your message
- To add an attachment:
  - Click the **Upload** link in the **Attachment** section
  - In the **Upload Attachment** page that appears, click **Browse** and upload your file

**Note:** You can only have one file attachment per message. If you have multiple files or file types you can attach them as a zip file. You can also indicate a NEA # in the comment box.



# DENTAL PRE AUTHORIZATION ENHANCEMENT

**Claim/Pre-Authorization Status Detail**

This page displays the selected claim's detail. Printer Friendly Format

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**Member Information**

Member Name: Smith, John  
 Member Number: 123456789  
 DOB: 04/16/2001  
 Plan: Medicaid

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**Servicing Dentist Information**

Dentist/Office Name: Weld, Paula (1234567890)  
 Service Office: ABC Dental - 10 Main St, Hampton VA, 23666  
 Business: ABC Dental (9876543210)

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**Claim/Pre-Authorization Information**

Claim/Pre-Authorization Number: 201227550011100  
 Type: Pre-Authorization  
 Claim Status Cat Code: Finalized  
 Date of Service:  
 POS: Office  
 Referral #:  
 Total Billed Amount: \$0.00  
 Payment: \$0.00  
 Received Date: 10/01/2012  
 Final Decision Date: 10/03/2012  
 Note:  
 Pre-Authorization Expiration Date: 10/31/2015

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**Service Line Information**

Line Counter	Date of Service	Procedure Code	Tooth	Surfaces	Quad	Arch	Qty	Status	Category	Processing Policies	Billed Amount	Payment
1	12/31/9999 - 12/31/9999	D8080					1.0	Approved	3573		\$0.00	\$0.00
2	12/31/9999 - 12/31/9999	D8670					1.0	Approved	3573		\$0.00	\$0.00
3	12/31/9999 - 12/31/9999	D8670					1.0	Approved	3573		\$0.00	\$0.00
4	12/31/9999 - 12/31/9999	D8670					1.0	Approved	3573		\$0.00	\$0.00

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**Processing Policies**

Code	Description
3573	Approved per medical exception.

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**File Attachments** 10 attachments maximum

Line Counter	File Type	File Name	Upload Date
No Results Found			

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- Pre-Auth now has an expiration date field
- This field indicates on when the Pre-Auth will expire
- This is located in the Pre-Auth Status Detail screen

