NEW ENROLLED PROVIDER TRAINING

Smiles For Children
2021

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Training Topics

- Interactive Voice Response (IVR) Self Service Functions
- Understanding the Office Reference Manual (Exhibit A, Exhibit B and Exhibit C- the benefits table)
- Release of Authorization
- Authorization Submissions –Operating Room (OR) cases and Early Periodic and Screening Diagnosis Treatment program (EPSDT)
- Prior Authorization vs. Pre-Payment Review
- Adult Benefits-Effective July 1, 2021
- Pregnant Women Benefits
- Institute for Mental Disease (IMD) Members
- Coordination of Care (COB)
- Professional Interpreter Services
- Orthodontic Benefits
- Provider Web Portal-PWP (Brief Review)
- Appeals Process
- DentaQuest Virginia (VA) Provider Partner Team for the *Smiles For Children* (SFC) program

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IVR Self Service Functions

- Ability to verify benefits and eligibility and obtain a procedure history
- Ability to have information faxed back to you
- Once member information (such as membership number or date of birth) is entered, you will be able to jump between menus without re-entering that information
- Caller dials Provider Services incoming phone number (888-912-3456)
- Caller is prompted for English vs Spanish
- Caller enters NPI
- Caller enters last 4 digits of TIN

IVR Self Service Functions-Continued

- IVR validates caller:
  - If provider is found – continues to enter member information
  - If provider is not found – continues to limited options
- Caller enters member information
  - Member ID (12 digit number only)
  - DOB
  - (First 4 characters of last name if the ID is alpha numeric)
- IVR validates member information:
  - If member is found – continues to main menu
  - If member is not found – prompted to re-enter information

IVR Self Service Functions-Continued

- Main Menu (when both provider and member are found in system)
  - Eligibility, Claims, Authorizations, Web Support and all other inquiries
  - Benefit Sub Menu
    - Benefit Summary
    - Benefit Detail

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Office Reference Manual-Prior Authorizations vs Pre-Payment Review

- **Authorization Required**: Indicates that either prior authorization or prepayment review is required for the specific code
- **Prior Authorization**: Operating Room (D9999) and Orthodontic services (D8080) are the only services that require Prior Authorization. If "Yes" is indicated, see the Documentation Required column for a description of the materials/items that must accompany the "Request for Predetermination/Preauthorization"

Office Reference Manual-Prior Authorizations vs Pre-Payment Review

- The tables of covered services (Exhibit A, B and C) contain a column marked-"Authorization Required. A "Yes" in this column indicates that a service code listed requires either prior authorization or documentation submitted with date of service claim for pre-payment review in order to be considered for reimbursement. The "Documentation Required" column will describe the necessary information for review, and whether it must be submitted on a prior authorization bases, or with acclaim following treatment for pre-payment review.

Office Reference Manual-Prior Authorizations vs Pre-Payment Review

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	Periodic oral evaluation	0-20		No	One per 6 months per patient per dentist or dental group. Only one exam (D0120, D0145, or D0150) every 6 months	
D3310	Anterior root canal (excluding final restoration)	0-20	Teeth 6-11, 22-27	No	Once per lifetime.	
D7230	Removal of impacted tooth – partially bone	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Removal of asymptomatic tooth not covered.	Pre-operative radiographs and narrative of medical necessity with claim for prepayment review.
D8080	Comprehensive orthodontic treatment of the adolescent dentition	0-20		Yes		Study models (or OrthoCad equivalent). Panoramic or perioapical radiographs. Cephalogram and/or photos are optional. PRIOR AUTHORIZATION REQUIRED.

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Office Reference Manual-Prior Authorizations vs Pre-Payment Review

- Services requiring prepayment review, require that proper documentation be submitted with the claim following treatment in order for the claim to be considered for reimbursement.
- For all services that require Prepayment Review, Providers have the option of requesting prior authorization:
  - Services requiring prior authorization/pre-determination require that documentation regarding the medical necessity of the proposed treatment be submitted and authorization from DentaQuest be obtained before the services are rendered.
- A full explanation of benefits can be found in the Office Reference Manual

Authorization Release Requests

- Authorization release requests must be submitted on an ADA claim form or a determination letter
  - Must submit on an ADA claim form note in box 35 request to release auth and include authorization number. Due to our automated system the request must be on the ADA claim form.
  - It is acceptable to submit the original authorization claim noting in box 35 the auth # and request to release authorization.

34. (Place an 'X' on each missing tooth)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J	32. Other Fee(s)
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	P	O	N	M	L	K	33. Total Fee

35. Remarks

AUTHORIZATIONS

ANCILLARY CLAIM/TREATMENT INFORMATION

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Early and Periodic Screening Diagnosis and Treatment-EPSDT

- The Early and Periodic Screening Diagnosis and Treatment (EPSDT) program is a comprehensive and preventive child health program for individuals under the age of 21.
- EPSDT requires that any medically necessary health care services be provided when the service is needed to correct or ameliorate a dental condition.
- Coverage is available under EPSDT for services even if the service is not available under the ***Smiles For Children*** to the rest of the ***Smiles For Children*** population.

Authorization Requests for EPSDT Cases

- Be sure and check EPSDT (The Early and Periodic Screening Diagnosis and Treatment program) in box 1 of the ADA claim form
  - EPSDT requires review that EPSDT be indicated on the prior authorization request
  - Include need of medical necessity
  - Must include the actual treatment ADA code

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)

☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization

☐ EPSDT/Title XIX

2. Predetermination/Preauthorization Number

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Operating Room Cases

All operating room (OR) cases must be prior-authorized

In most cases, OR will be authorized (for procedures covered by ***SFC***) if the following is involved:

- Patients requiring medically necessary extensive dental procedures and classified as American Society of Anesthesiologists (ASA) class III and ASA class IV.
- Medically compromised patients whose medical history indicates that the monitoring of vital signs or the availability of resuscitative equipment is necessary during extensive dental procedures.

Operating Room Cases-Continued

- Patients requiring medically necessary extensive dental procedures who have documentation of psychosomatic disorders that require special treatment.
- Cognitively disabled individuals requiring medically necessary extensive dental procedures whose prior history indicates hospitalization is appropriate.

Documentation Required for Prior Authorization of OR Cases

- Prior-authorized Treatment Plan
- Narrative describing medical necessity for OR
- Fees are reimbursed in accordance with the ***SFC*** Schedule of Allowable Fees as reflected in the Provider Agreement
- Must submit D9999 for Hospital
- Must submit in the remarks field the full name of place of service and date of service-NO ABBREVIATIONS
- Box 38 must have the Hospital box checked
- MUST have the medical necessity clearly written in the remarks field. If a letter of need is submitted then note see attachment for the need in the remarks field.

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Documentation Required for Prior Authorization of OR Cases-Do's and Don'ts

- MUST INCLUDE FULL NAME OF THE FACILITY (Harper Hospital Clinic) in box 35-NO ABBREVIATIONS
  - Example-Harper Hospital Clinic
  - Not acceptable format for place of service-HHC
- Must submit in the remarks field (box 35) full date of service (MM/DD/YYYY)- for the OR case to be reviewed
  - Example-12/15/16
  - Not Acceptable format for date of service Dec 4- must include year
- Box 38 must have the Hospital box checked
- MUST have the medical necessity clearly written in the remarks field or attach letter of need.

Benefits for Enrollees Age 21 and Older-Effective July 1, 2021

- Adults over age 21 who are enrolled in Medicaid and FAMIS are eligible to receive appropriate comprehensive dental benefits (excluding Orthodontia) through Virginia's dental program, ***Smiles For Children*** (*SFC*)

- DentaQuest uses the 12-digit Medicaid ID number as the enrollee ID Number

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Benefits for Enrollees Age 21 and Older-Effective July 1, 2021

- Coverage for adults include the following:
  - Diagnostic (x-rays, exams)
  - Preventive (cleanings)
  - Restorative (fillings, crowns-refer to ORM for crown benefit limitations)
  - Endodontics (root canals)
  - Periodontics (gum related treatment)
  - Prosthodontics (refer to ORM for benefit limitations)
  - Oral surgery (extractions and other oral surgeries)
  - Adjunctive general services (all covered services that do not fall into specific dental categories.)

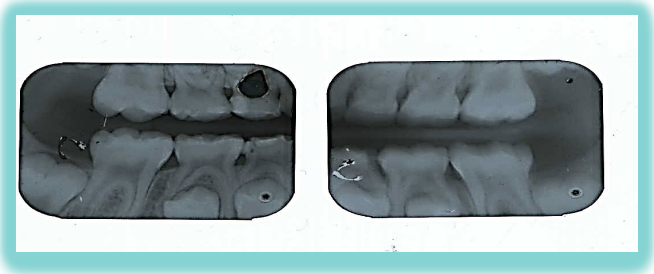
Refer to the Virginia ***Smiles For Children*** Office Reference Manual (ORM) Exhibit B for details of the covered benefit codes and benefit frequencies/limitations

Benefits for Enrollees Age 21 and Older-Continued

- Covered services will be listed in Exhibit B of the ORM. The ORM is available via the Provider Web Portal (PWP) under related documents. You are responsible for knowing what services are covered. The ORM will be available on DentaQuest's provider web portal at www.dentaquestgov.com on July 1, 2021.

Diagnostic Services

- Diagnostic services include the oral examination and specific radiographs needed for diagnosis and treatment.
- Reimbursement for radiographs is limited to films required for diagnosis and treatment.
- The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series.
- All radiographs must be of good diagnostic quality, properly mounted, dated and identified with the recipient's name and date of birth.



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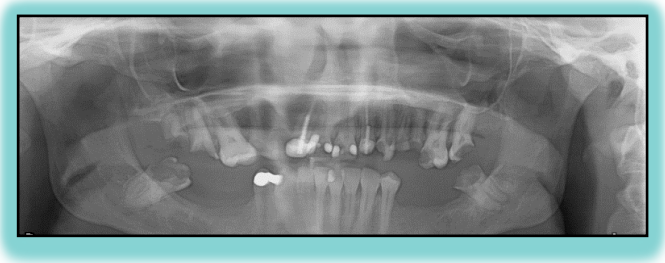
Documentation Required for Reimbursement

- Appropriate pre-operative radiographs showing clearly the adjacent and opposing teeth should be submitted: bitewing, periapical or panorex.
- Narrative demonstrating medical necessity
- Fees are reimbursed in accordance with the ***SFC*** Schedule of Allowable Fees as reflected in the Provider Agreement



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Clinical Criteria

- **Section 15.00** of the ORM outlines the Clinical Criteria used for authorization and payment decisions.
- Documentation requests for information regarding treatment are determined by generally accepted dental standards for authorization, such as radiographs, periodontal charting, treatment plans, or description narratives.
- Clinical criteria are designed as guidelines and are not intended to be all-inclusive or absolute.
  - When there is a special situation, additional narrative information is required.

Medicaid Pregnant Women Over 21 Enrollee Eligibility

- Pregnant women in Medicaid and FAMIS MOMS who are 21 years of age and older are eligible to receive appropriate dental benefits (excluding Orthodontia) through Virginia's dental program, ***Smiles For Children*** (***SFC***)
- DentaQuest uses the 12-digit Medicaid ID number as the enrollee ID Number for the Pregnant Women Benefit
- Dental benefits for pregnant women who are 21 years of age and older will be discontinued at the end of the month following their 60th day postpartum

Benefits for Pregnant Women Enrollees

- Coverage for pregnant women will include the following:
- Diagnostic, Preventive, Restorative, Endodontics, Periodontics, Prosthodontics- both removable and fixed (crowns, bridges, partials and dentures), Oral surgery (extractions and other oral surgeries) and Adjunctive general services (all covered services that do not fall into specific dental categories)
- Covered services are listed in Exhibit C of the ORM.

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Members Active with Pregnant Women Benefit

- The member will show active or ineligible on the member eligibility page, click on the member list for the member
- For members showing active , the member detail page will list member name, DOB, and Plan (VA ***SFC*** Pregnant Women)

Home > Member Eligibility Search

Member Eligibility List

This page displays the Members meeting the search criteria. You can conduct another search by clicking search again, view Member detail by clicking a Member name link, and print the results by using the Printer Friendly Format button.
Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

Results are for members who are/were eligible as of 11/30/2018 ?

Active Printer Friendly Format

Member Number	Date of Birth	Member Name	Intervention	Plan	Benefit	Client Number	Network Name	Paid Through Date	Dentist/Office Name	Dentist Effective Date
[redacted]	[redacted]	[redacted]	No	VA Smiles for Children- Over 21- Pregnant Women	Usage	[redacted]	VA Smiles for Children- Over 21- Pregnant Women			
[redacted] (350323208019)	[redacted]	[redacted]	No	Virginia Optima Health Community Care Medallion 4.0 Medicaid	Usage	[redacted]	VA Optima Adult Medicaid Medallion 4.0			

Members may be enrolled in the VA ***SFC*** Over 21 plan or VA SFC Pregnant Women plan. If a member is enrolled in the VA ***SFC*** over 21 plan and is pregnant she is entitled to the enhanced pregnancy benefit.

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Documentation Required for Reimbursement- Pregnant Women Over 21 Claims

- Prepayment review will be conducted on all claims and appropriate documentation must include:
  - Narrative indicating the member is pregnant with the estimated date of delivery (must be noted in box 35 of ADA claim form) or notation indicating the member was pregnant and delivered on xx/xx/xxxx
  - Narrative demonstrating medical necessity for those services where additional documentation is required for review (i.e. diagnostic x-rays, perio charting)
- Dental benefits for pregnant women who are 21 years of age and older will be <u>discontinued at the end of the month following their 60th day postpartum</u>
  - Example: if the member delivered on 6/15/2016, her eligibility for the pregnant women dental benefit will terminate on 08/31/2016

Pregnant Women Over 21-ADA Claim Box 35 Examples

34. (Place an 'X' on each missing tooth)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A B C D E F G H I J	32. Other Fee(s)
	32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	T S R Q P O N M L K	33. Total Fee

35. Remarks Pregnant member estimated delivery date 12/10/2016

AUTHORIZATIONS	ANCILLARY CLAIM/TREATMENT INFORMATION

34. (Place an 'X' on each missing tooth)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A B C D E F G H I J	32. Other Fee(s)
	32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	T S R Q P O N M L K	33. Total Fee

35. Remarks Member was pregnant and delivered on 12/15/2016

AUTHORIZATIONS	ANCILLARY CLAIM/TREATMENT INFORMATION

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***It is important to notate in the member chart that she is pregnant and her estimated due date**

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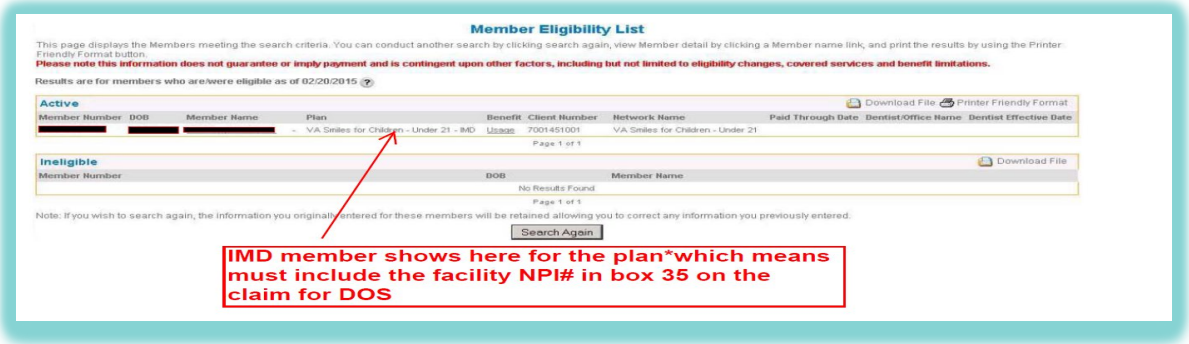
Referring NPI Required for Claim Reimbursement IMD Members

- VA ***SFC*** Members in the IMD (Institute for Mental Disease) Program are members residing in freestanding psychiatric facilities and/or residential treatment centers (RTC).
- All dental claims submitted for IMD Members must have a referring NPI Number in box 35 of the ADA claim form.
- Any claim that does not include the referring NPI number will be denied. The referring NPI number is the NPI number of the facility where the member resides. (NOT YOUR GROUP NPI OR INDIVIDUAL NPI)



Member Eligibility List

This page displays the Members meeting the search criteria. You can conduct another search by clicking search again, view Member detail by clicking a Member name link, and print the results by using the Printer Friendly Format button.

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

Results are for members who are/were eligible as of 02/20/2015

Active — Download File | Printer Friendly Format

Member Number	DOB	Member Name	Plan	Benefit	Client Number	Network Name	Paid Through Date	Dentist/Office Name	Dentist Effective Date
[redacted]	[redacted]	[redacted]	VA Smiles for Children - Under 21 - IMD	Usage	7001451001	VA Smiles for Children - Under 21			

Page 1 of 1

Ineligible — Download File

Member Number	DOB	Member Name
No Results Found		

Page 1 of 1

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

Search Again

IMD member shows here for the plan*which means must include the facility NPI# in box 35 on the claim for DOS

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IMD Member Eligibility Example

Member Eligibility List

This page displays the Members meeting the search criteria. You can conduct another search by clicking search again, view Member detail by clicking a Member name link, and print the results by using the Printer Friendly Format button.

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

Results are for members who are/were eligible as of 02/20/2015 ?

Active — Download File | Printer Friendly Format

Member Number	DOB	Member Name	Plan	Benefit	Client Number	Network Name	Paid Through Date	Dentist/Office Name	Dentist Effective Date
[redacted]	[redacted]	[redacted]	- VA Smiles for Children - Under 21 - IMD	Usage	7001451001	VA Smiles for Children - Under 21			

Page 1 of 1

Ineligible — Download File

Member Number	DOB	Member Name
No Results Found		

Page 1 of 1

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

Search Again

IMD member shows here for the plan*which means must include the facility NPI# in box 35 on the claim for DOS

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Claim Submission Requirements for Primary Insurance EOB

- Primary insurance carrier and address
- Member full name
- Date of service of EOB must match the date of service on DentaQuest submitted claim (*unless it is an ortho situation where the adjustments are billed monthly/quarterly)
- Full amount paid by primary insurance (codes and, where necessary, tooth/quad/arch MUST match each service line on the DentaQuest claim)

Claim Submission Requirements for Primary Insurance EOB-Continued

- Always include the Processing Policy/Reason for non-payment by primary insurance (usually in the footnotes section or last page of the EOB). DentaQuest can't accept just a $0 payment from Primary – DentaQuest must see WHY it was not paid by primary insurance
- Primary EOB information to be transmitted CLEARLY and legible – if the EOB is not readable DentaQuest will not be able to appropriately process the claim for payment

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Professional Interpreter Services

- D9990-(Certified translation or sign-language services) – per visit (up to $50 per hour – 15 minute increments) on ADA claim form
- In order to be reimbursed for D9990, the provider must submit the following with the claim for pre-payment review:
  - SFC Professional Interpreter Service Form documenting the services provided by and paid to an interpreter that is proficient in the specific language and that holds a Virginia business licenses allowing a fee for their service. Form available on the provider web portal under related documents.

Professional Interpreter Services-Continued

- A copy of the paid invoice/receipt to DentaQuest to include the following information:
  - Date and Time of Interpreter service (including beginning and ending time in 15 minute increments)
  - Patient Name and Medicaid ID number
  - Interpreter name, address, telephone number, language used, duration of service and interpreter's charge for the service
  - If the interpreter is not listed on the DMAS Interpreter Resource list, the provider must attach a copy of the professional interpreter's business license with the invoice

Professional Interpreter Services-Continued

- DMAS maintains an Interpreter Resource list located at http://www.dmas.virginia.gov/#/dentalresources If you do not have an interpreter resource, you may select one from the Interpreter Resource List.
- The patient's chart must document that the patient needed and received interpreter services on a specific date. If ongoing interpreter services are required, the provider must include an annual assessment and attestation in the patient's chart confirming need. Payment for that service acknowledges DentaQuest's ability to audit the use of the service at any time.

Professional Interpreter Services-Continued

- To be eligible for reimbursement, services must be rendered in conjunction with an eligible ***SFC*** dental service and the claim for these services must be reflected in the DentaQuest claim system. Charges incurred for missed or broken appointments are not eligible for reimbursement
- One invoice form per member
- Invoice form and claim with D9990 must be submitted to DentaQuest-PO BOX 2906 Milwaukee, WI 53201-2906 or fax to: 262-834-3589

ORTHODONTIC SERVICES

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Orthodontic Services-Qualification

- ***SFC*** enrollees age 20 and under may qualify for orthodontic care under the program.
- Members must have a severe, dysfunctional, handicapping malocclusion.
  - Members whose molars and bicuspids are in good occlusion seldom qualify.
  - Crowding alone is not usually dysfunctional in spite of the aesthetic considerations.
- Members should present with a fully erupted set of permanent teeth.
  - At least ½ to ¾ of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing.

Tips for Orthodontic Eligibility

- It is recommended to verify eligibility day of the scheduled appointment.
- When using the website to verify eligibility, it is recommended that the verification be completed day of the date of service (banding appointment and all adjustments).
- When using the IVR to verify eligibility, the system will inform the Provider if the member is eligible or not. At that point, the provider can select the following options from the call menu:
  - For benefit information or eligibility discrepancies obtained in this system press or say 4

Orthodontic Eligibility

- Patients who turn 21 lose comprehensive children's benefits on their date of birth and at that time are only eligible for limited benefits for members over 21.
- Orthodontic patients who lose eligibility prior to the completion of their orthodontic treatment will be covered for the duration of the orthodontic treatment if she/he was eligible on the date of banding.

Comprehensive Orthodontic Services

- All comprehensive orthodontic services require PRIOR AUTHORIZATION by a DentaQuest Dental Consultant.
- Cases for review must be submitted with:
  - ADA claim form
  - Complete series of intra-oral photographs (including member full name, date of photos, labeling the photo views)
  - OrthoCad™ electronic equivalent (*Optional*). Panoramic (and cepholometric films)
    - Patient full name
    - Date of x-ray
    - Right/Left Side labeled
    - Tracings
    - Score sheets
    - Narratives

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Intra-Oral Photo Requirements

- Photographs must be of good clinical quality and should include:
  - Facial photographs (right and left profiles in addition to a straight-on facial view)
  - Frontal view, in occlusion, straight-on view
  - Frontal view, in occlusion, from a low angle to evaluate overjet.
  - Right buccal view, in occlusion
  - Left buccal view, in occlusion
  - Maxillary Occlusal view
  - Mandibular Occlusal view

- For office unable to submit intra-oral photos, photo scanned copies of plaster models are accepted.

Orthodontic Review Process

- Requests for orthodontic coverage are evaluated using:
  - Medical necessity/handicapping malocclusion criteria as a first level review to determine coverage as applied to the permanent dentition.
  - If the requested treatment does not meet any of the listed handicapping malocclusion criteria, DentaQuest evaluates the case based on the Salzmann Malocclusion Severity Assessment.
    - The member must score a minimum of 25 points to quality for coverage.

Orthodontic Review Process

- Medical necessity documentation to support any of the following impaired functions must be submitted along with all other required documentation:
  - Speech disorder – Documented by a physician or speech therapist
  - Eating disorder – Documented by a physician
  - Emotional mental distress to impair school participation – Documented by a teacher, a counselor, or a school psychologist

Services Included in Comprehensive Orthodontics

- The maximum case payment for orthodontic treatment is 1 initial payment (*D8080*), 5 quarterly periodic billed orthodontic treatments (*D8670*) and 1 debanding/retainer (s) placement (*D8680*)
- The initial payment for orthodontics (*D8080*) includes:
  - Pre-orthodontic visit
  - Radiographs
  - Records
  - Diagnostic models
  - Initial banding
  - Treatment Plan
- Providers must submit claims for 5 quarterly payments (*D8670*). Date of service claims must be submitted at least 91 days apart and at least 91 days from banding (*D8080)* date of service claim.

Services Included in Comprehensive Orthodontics

- Providers must submit a date of service claim for orthodontic retention-removal of appliances/debanding, construction, placement of retainers including 12 retainer adjustments (*D8680).* It is not necessary to wait 91 days from last quarterly adjustment date of service to submit date of service claim for removal of appliances/debanding (D8680).
- Payment for up to one set of lost/non-repairable retainers per arch (*D8703/8704)* may be considered on a medically necessary basis. The claim must state need of medical necessity in box 35 of the ADA claim form.
- Members may not be billed for broken, repaired, or replacement of brackets or wires

Services Included in Comprehensive Orthodontics-Continued

- If a member becomes ineligible during treatment and before full payment is made, DentaQuest will pay the balance of any remaining treatment up to the approved case rate. To receive the remaining balance for members that are ineligible but remain in treatment, providers must submit the claim using D8999 with the last service date the patient was eligible and include the remaining amount owed. In remarks/notes field state member in active treatment, termed on xx/xx/xxxx and banded on xx/xx/xxxx.
  - *For example, Member terms on 3/31/2019 then the DOS is 3/30/2019 and code D8999*

Phase I and Phase II Orthodontia

- In addition to covering Comprehensive orthodontic treatment (D8080), the ***SFC*** program also covers Limited orthodontic treatment:
  - D8020: Limited orthodontic treatment of the transitional dentition
  - D8030: Limited orthodontic treatment of the adolescent dentition
  - D8040: Limited orthodontic treatment of the adult dentition
- Limited orthodontic treatment may be approved when it is definitive treatment. <u>This means that no other orthodontic treatment will be necessary.</u>

Phase I and Phase II Orthodontia

- Limited orthodontic treatment that is not definitive is covered as part of a comprehensive treatment plan.
- Phase I and Phase II orthodontia are not covered as two separately reimbursable services.
- Interceptive treatment is not covered by the ***SFC*** program.
- The placement of palatal expanders and other orthodontic appliances are not separately reimbursable services under the program benefits.

Removal of Appliances

- The fee for Comprehensive orthodontic services includes the removal of appliances and is not a separately reimbursable service for the provider who initially banded the case.
- Removal of appliances by a provider other than the provider who placed the appliance is considered on a case by case basis.
- Providers should submit a request with code D8999 along with a description of the service performed, narrative of medical need, and a photo of the appliances to be removed.

Continuation of Care Cases

- **Transition from commercial insurance or self-pay:**
  - Requests for continuation of care must include:
    - A completed Orthodontic Continuation of Care Form
    - A completed ADA claim form listing the services to be rendered
    - A copy of the member's prior approval obtainable from the commercial insurance or original treating orthodontist, including:
      - ✓ Total approved case fee including the approval letter
      - ✓ Banding fee
      - ✓ Orthodontic treatment fees
      - ✓ Detailed payment structure
      - ✓ The original diagnostic models, and radiographs if available, banding date and a detailed payment history

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Continuation of Care Cases

- **Transition from another SFC Provider:**
- This is only allowed and/or considered for extreme extenuating circumstances
  - Requests for continuation of care must include:
    - A completed Orthodontic Continuation of Care Form.
    - A completed ADA claim form listing the services to be rendered.
    - A copy of the member's prior approval, including:
      - ✓ Total approved case fee and including the approval letter
      - ✓ Banding fee
      - ✓ Orthodontic treatment fees
      - ✓ Photos, etc from your office
      - ✓ Detailed Payment structure

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Denied Cases – Payment for Records

- Payment of records for cases that are denied is limited to one payment per member within a 6 month period. Payment of records for cases that are denied will need to be submitted on an ADA claim form with the date the records were taken (Code D8660) and refer to denied authorization number.
- Submit for the records payment (Code D8660) on denied cases.

Denied Cases – Payment for Records

- Payment of the pre-orthodontic visit (code D8660), includes:
  - Treatment Plan
  - Diagnostic Models
  - Radiographs and/or photos
  - Records
- Continuation of Care cases that are denied are not reimbursed for records.

Denied Cases – Payment for Records

- In cases where the member has been approved for Comprehensive Orthodontic benefits, and the parent/guardian decides not to have the child begin treatment at the time of the approval or any time in the near future, the provider may bill for records to include: treatment plan, radiographs, models, photos, etc. using D8999 and explaining the situation on the claim (Box 35) for payment. The reimbursement for these records is the same as D8660.

PROVIDER WEB PORTAL

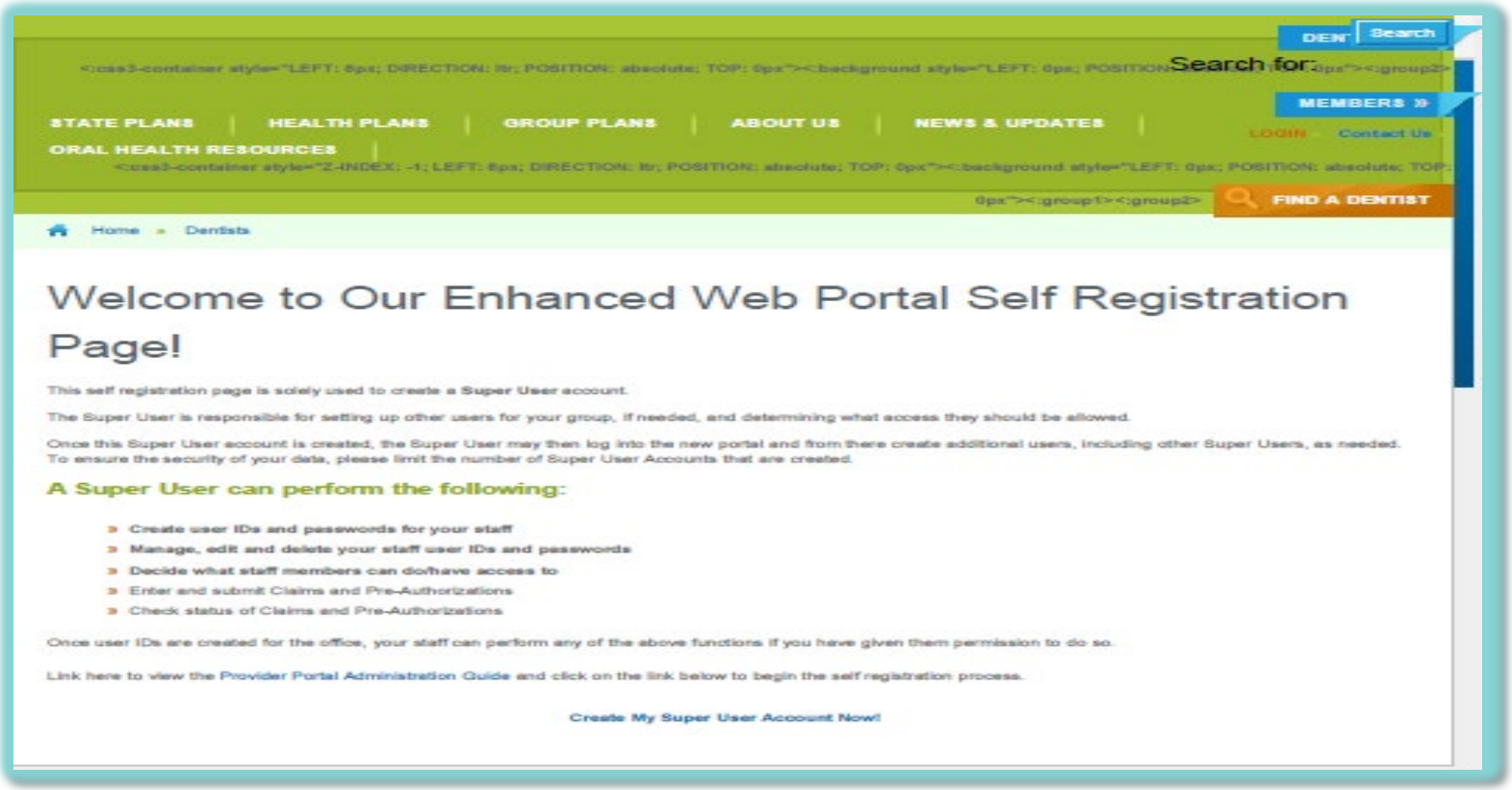
Smiles For Children℠

Improving Dental Care for Children and Adults

DentaQuest®

Provider Web Portal and Self Registration

http://www.dentaquest.com/dentists/self-registration-page/



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DentaQuest

New User Registration

New User Registration

Contact Information

Employee First Name *

*Employee Last Name

Business Entity Name *

* Phone (800-000-0000)

* Email

Business Information

* Business Entity TIN Number (123456789)

* State

* Business Key

*Required Fields

Next > Cancel

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DentaQuest

Create User Account

DentaQuest

Create User Account

Your information matches our records. You can now create a user account.
User ID should be between 3-18 characters; Example: jsmith
Password should be between 8-16 characters and contain a least 1 upper, 1 lower, 1 number and/or special character. Example: passWord123
Please remember the User ID and Password that you just created. You will need this to login.

Enter User Information

* User Last Name	Smith
* User First Name	John
User Middle Name	
* User ID	Jsmith
* New Password	•••••••••
* Confirm New Password	•••••••••
* Security Question	What is your favorite childhood stuffed animal?
* Security Answer	Casper
* Email	Jsmith@mail.com

*Required Fields

< Back | Submit | Cancel

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Provider Web Portal Key

1. Portal Menus – The Administration, Claims/Pre-Authorizations, Patient, and Tools menus are displayed along the left side of the Client portal.
2. Welcome – This section contains the DentaQuest welcome message.
3. Health news – This section contains information and news articles of interest. You can access the news articles by clicking on their respective links.
4. My Health Tools/Resources – This section contains links to various health resources.
5. Contact – This section contains DentaQuest's contact information.

Provider Web Portal Key

6. Message Center – This section contains secure messages sent to you from DentaQuest. NOTE: The Message Center only appears on your Home page if there are messages in your Inbox.
7. FAQ – This link opens the View FAQ page where you can view frequently asked questions.
8. Event Calendar – This link opens the Event Calendar.
9. Related Documents – This link opens the Document List page. Examples-ORM, Web Portal Training Guide.

Provider Home Page

DentaQuest

Dentist

This is user id:justonprovider

Home | FAQ | Sign Out

- Administration
- Claims/Pre-Authorizations
- Patient
- Tools

Welcome

Welcome Dentist!

Health News

» Oral Health News 11/06/2009

My Health Tools / Resources

American Dental Association

Centers for Medicare & Medicaid Services

National Association of Dental Plans

Contact

For Provider Issues- Contact Provider Dept

Message Center

(Inbox) You have 1 new messages!

From	Subject	Received
juston, juston	Eligibility Question	11/09/2009

» Event Calendar

» Related Documents

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Claim/Prior Authorization Menu Status

- Enter at least one search Criteria:
- Member 12 digit Subscriber id number
- Member first name
- Member last name
- Member's date of birth
- Select the dentist from the Servicing Treating Dentist drop-down list
- Claim/pre-authorization number field

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Claim/Prior Authorization Menu Status

Home

Claim/Pre-Authorization Status Search

This page allows you to perform a Claim/Pre-Authorization Status Search. At least 1 field must used in order to perform a search. To narrow down search results, enter as much information as possible.

You can search for old Claims and Pre-Authorizations using thier old number format.
Old Claim numbers are 14 digits, Old Pre-Authorizations are 7 digits. Please enter Old Claims/Pre-Authorization numbers in the field called 'Old Claim/Pre-Authorzation Number'.
This is located in in the Claim Information section below.

Search

Patient/Subscriber Information

Member Last Name

Member First Name

Member Number (123456)

DOB (mm/dd/yyyy)

Claim Information

Servicing Treating Dentist

Claim/Pre-Authorization Number — Show Related Claims

Old Claim/Pre-Authorization Number

Type

Status Category

Date From to

Claim Received Date From to

Search Cancel

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Claim Status Detail List

- Find the claim/pre-authorization status you want to view. In the Results section on the Claim/Pre-Authorization Status List page, click the Claim/Pre-Authorization Number link for the claim/pre-authorization status you wish to view. The Claim/Pre-Authorization Status Detail page appears.

Home > Claim/Pre-Authorization Status Search

Claim/Pre-Authorization Status List

This page displays a list of claims submitted for a specific patient/subscriber according to the search criteria. Click on the Claim Number to access claim detail information. If available, click on the View EOB link to view benefit information for a claim. Click on the member name to view member detail information. Click on the provider name to view provider detail information. Click RA Search to initiate a remit advice (EOP) search. Click Search Again to initiate a new search.

Results Download File

Claim/Pre-Authorization Number	Type	Member Name	Date	Dentist/Office Name	Status Category	Total Billed Amount	Payment
200200200200200	Dental Claim	DEYNA	06/21/2007	Lo, Nic	Finalized	$511.00	$348.67
200200200200400	Dental Claim	Joshua	02/19/2008	Lo, Nic	Finalized	$310.00	$181.46
200200200200000	Dental Claim	JACOB	04/14/2008	Lo, Nic	Finalized	$150.00	$114.45
200200200200700	Dental Claim	NAVARRE	08/14/2008	Lo, Nic	Finalized	$18.00	$18.00

Search Again | RA Search

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Claim Status Detail

- Member Information – contains information about the patient
- Servicing Dentist Information – contains information about the serving dentist
- Claim/Pre-Authorization Information – contains information about the claim/pre-authorization
- COB Information-contain information about Coordination of Benefits, if available
- Service Line Information-contains information for each procedure code submitted
- Processing Policies-contains information on any applicable processing policies for the claim/pre-authorization
- File Attachments-lists any files that have been attached to the claim/pre-authorization

Claim Status Detail View

Claim/Pre-Authorization Status Detail

This page displays the selected claim's detail.

Printer Friendly Format

Member Information

Member Name	Joshua
Member Number	00000000000000
DOB	08/08/2001
Plan	New Mexico Medicaid Children

Servicing Dentist Information

Dentist/Office Name	Lo, Nic (5555555555)
Service Office	Bury Inc
Business	Bury Inc (5555555555)

Claim/Pre-Authorization Information

Claim/Pre-Authorization Number	555555555555555
Type	Dental Claim
Status Category	Finalized
Date	02/02/2008
Office Ref#	
POS	Office
Referral #	
Total Billed Amount	$310.00
Payment	$181.46
Claim Received Date	02/27/2008
Check Issue Or Eft Date	03/20/2008
Check Or Eft Trace Number	55555
Final Decision Date	03/20/2008
Note	

COB Information

Other Payer	Last Name	First Name	Other Subscriber ID	Other Subscriber DOB	Group No

Service Line Information

Line Counter	Date	Procedure Code	Tooth	Surfaces	Quad	Arch	Qty	Status Category	Processing Policies	Billed Amount	Payment
1	02/19/2008 - 02/19/2008	D1515					1			$310.00	$181.46

Processing Policies

Code	Description
1042	Duplicate Service

File Attachments

Line Counter	File Type	File Name	Upload Date
		No results found.	

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Dental Claim Entry

- Basic Information – enter the basic office information for the claim in this section.
- Member Eligibility – enter member information in this section
- Service Lines – enter the services related to the claim in this section File Attachments – attach any files you need for the claim in this section.
- Optional information – you can select the COB option, EPSDT option, Emergency option, enter optional accident information, and enter your NEA Attachment ID (if you are using the NEA to submit an attachment with this claim) in this section. A COB section only appears on the page if you select that option.

Dental Claim Entry Page

Claims/Pre-Authorizations

- Claim/Pre-Authorization Status Search
- Explanation of Benefits
- Dental Claim Entry
- Dental Pre-Auth Entry
- Dental Claim Confirmation Report

Home

Dental Claim Entry

Claim

Basic Information

Date* Group NPI: 1871675405

Service Office*

Treating Dentist*

POS*

Member Eligibility

DOB* Member ID

Last Name First Name

Clear Show Member Service History

Optional Information

Accident Type

Accident State Accident Date

Office Ref# Referral #

Emergency COB EPSDT

Notes- Please enter your NEA Attachment ID, if needed.

Service Lines

	*Procedure Code	Description	Tooth	Surface	Quad	Arch	*Qty	*Service Date	Auth No	*Billed Amt	
1							1				+ -

File Attachments

File Type Add File

Line Counter	File Type	File Name	Upload Date
No results found.			

Submit Cancel

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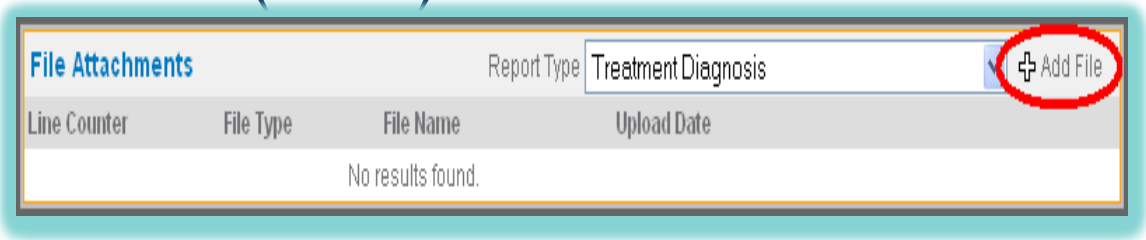
Add File to claim/Pre-Authorization

- Select the type of report you are attaching from the Report Type drop-down list
- Accepted File Types (attachments)
  - Word document (.doc)
  - PowerPoint files (.ppt)
  - Excel files (.xls) Comma-separated values files (.csv)
  - Text file (.txt and .rtf)
  - Images (.gif, .jpg, .jpeg, .png and .bmp)
  - Zipped files (.zip)
  - HTML files (.htm and .html)
  - PDF files (.pdf)
  - XML files
  - Orthocad files (.3dm)



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DentaQuest

Dental Claim Confirmation Report

- Allows you to open view and all claims/auths for the day only
- The report must be run at the COB daily (you can save it or print it)
- Leave the type blank to view all the claims/auth or narrow your search using the drop down selection of your choice

Home

Claim/Pre-Auth Entry Confirmation Report

Search

Service Office: Bury Inc
Treating Dentist: Lloyd
Type: Dental Claim
Report Sort Order: Member Last Name

Search

Results — Download File | Printer Friendly Format

Dental Claim

Member Number	Member Name	DOB	Submitted Eligibility Status
00000000000000	REN	12/12/2002	Member Eligible
Claim/Pre-Authorization Number	**Entered Date**	**Plan**	
200200200200500	12/17/2009	New Mexico Medicaid Children	
Dentist Name	**Service Office Location**	**POS**	**Office Ref#** / **Referral #**
Lloyd	800 M Blvd	Office	66666
Note			

	Code	Service Date	Qty	Tooth/Quad/Arch	Surfaces	Auth No	Bill Amt	COB Amt
3	D0140 limited oral evaluation-problem focused	02/02/2009	1.0	/ /			$29.85	$.00
5	D7140 extraction - erupted or exposed root	02/02/2009	1.0	G/ /			$67.76	$.00
1	D9230 analgesia, anxiolysis, inhalation of nitrous oxide	02/02/2009	1.0	/ /			$27.57	$.00
2	D0220 intraoral-periapical-1st film	02/02/2009	1.0	/ /			$11.48	$.00
4	D7140 extraction - erupted or exposed root	02/02/2009	1.0	F/ /			$67.76	$.00
							$204.42	$.00

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Member Eligibility Search

- Select a valid service office and dentist combination from the Select a Location and Provider drop-down list.
- Enter the member (s) for whom you want to perform an eligibility search: NOTE: All required fields are marked with a red asterisk (*).
  - Enter the service date or select it from the pop-up calendar in the Service Date field.
  - Enter the DOB (date of birth) or select it from the pop-up calendar in the DOB field.
  - You must include either the member number OR the member's last name and part of the first name:
  - Repeat this step for each member you are searching.

Member Eligibility Search View

Patient

- Member Eligibility Search
- Panel Roster

Home

Member Eligibility Search

This functionality will allow you to perform member eligibility checks. To check eligibility, please enter a Service Date, Date of Birth and either Member Number or Member's complete last Name and at least a partial first name.

If you feel a member is eligible for service but a check indicates the member is non-eligible or it is a non-participating provider, please contact a service representative.

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

Select a Location and Provider:*

Search Add Member

	Service Date	DOB *	Member Number	Member Last Name	Member First Name	
1	12/31/2009					Delete
2	12/31/2009					Delete
3	12/31/2009					Delete
4	12/31/2009					Delete
5	12/31/2009					Delete

*Required Fields

Search

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Related Documents

Home

Document List

This page allows you to access the documents related to your user type. You can sort the list by document name and description. Clicking the document name displays the document.

Search

Title

Description

File Detail Category

Search

Results Download File

Title	File Detail Category	Description
Ortho Continuation of Care Form	Forms	Ortho Continuation of Care Form
Provider Change Form	Forms	Provider Change Form
Provider Portal Admin Guide	General	Provider Portal Admin Guide
Recall Examination Form	Forms	Recall Examination Form
Request for Transfer of Records Form	Forms	Request for Transfer of Records Form
Spring 2010 Newsletter	Newsletters	Spring 2010 Newsletter
W-9 Form	Forms	Request for Taxpayer Identification Number and Certification
yahoo	General	asdf

Page 2 of 2

- *Click* the **Related Documents** link in the lower-right corner of your **Home** page to display the **Document List** page. This list contains any provider documents or URL that DentaQuest has posted.
- To search for a document, enter the **Title** or **Description**, select a file type from the **File Detail Category** drop-down list, and then click the **Search** button.
- To download and display a document or open a URL link, click the title for that document or link.

Explanation of Benefits- View

Claims/Pre-Authorizations

- Claim/Pre-Authorization Status Search
- Explanation of Benefits
- Dental Claim Entry

Explanation of Benefits

This page allows you to search for claim payment information. You can access all claims by clicking Search; all information in the system will display. To narrow the search, complete as many fields as desired. If no results are found, widen your search criteria.

Search

Check Or Eft Trace Number

Payment Type

Payer Name

Check/EFT release date

-OR-

Date Range to

Search

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Explanation of Benefits-

- Select the **Claims/Pre-Authorizations Explanation of Benefits** menu item from the Provider Menus on the left side of the screen.
- Enter the search criteria you have into the appropriate fields: **NOTE:** There is no mandatory information, the search finds the Explanation of Benefits (EOB) related to the information you enter.
- Type the check or EFT trace number into the **Check or Eft Trace Number** field.
- Select the payment type from the **Payment Type** drop-down list.

Explanation of Benefits-Continued

- Enter the payer in the **Payer Name** field.
- Enter a Check/EFT release date or date range to narrow down the search results: Type the Check/EFT release date into the **Check/EFT Release Date** field or select it from the pop-up calendar. **OR** Enter a Check/EFT date range (From and To dates) in the **Date Range** fields (or select the dates from the pop-up calendars).

Explanation of Benefits-Continued

- To view an EOB and see what claims are included, click the Check or EFT Trace Number link for that EOB. A PDF file opens for the EOB.

Results Download File

Check Or Eft Trace Number	Payer Name	Payee Name	Check/EFT release date	Payment Type	Payment Amount
0200202117	DentaQuest of New Mexico, LLC	Bury Inc	06/24/2009	Check	$508.18
0200202445	DentaQuest of New Mexico, LLC	Bury Inc	06/24/2009	Check	$473.11
0200202559	DentaQuest of New Mexico, LLC	Bury Inc	06/24/2009	Automated Clearing House (ACH)	$2,366.46
0200202011	DentaQuest of New Mexico, LLC	Bury Inc	07/10/2009	Automated Clearing House (ACH)	$595.31
0200202905	DentaQuest of New Mexico, LLC	Bury Inc	07/24/2009	Check	$212.38
0200202863	DentaQuest of New Mexico, LLC	Bury Inc	08/05/2009	Automated Clearing House (ACH)	$5,264.75

Contacting DentaQuest via PWP-View

Tools

- User Profile
- Inbox
- Contact DentaQuest
- Find a Dentist

Home

Contact DentaQuest

This page enables you to send secure messages to the health plan. 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, claim, member or provider record to your message. Clicking submit sends the message.

Message

Your Name: Smith, John

* Message Type

Attachment

Upload View Clear

Claim/Pre-Authorization Number

Pending Claim/Pre-Authorization Number

Search

Clear Claim

Dentist Name

Search

Clear Dentist

* Description

*Required Fields

Submit Cancel

Smiles For Children

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Contacting DentaQuest via PWP

Message Types

- Provider Authorization Use this message type to send any provider authorization issues to DentaQuest.
- Provider Claims Use this message type to send any claim issues to DentaQuest.
- Remittance Documents Use this message type to send any EOB issues or documents to DentaQuest.
- Request to Add Other Insurer Use this message type to send COB/TPL information about an insurer to DentaQuest.
- Provider Eligibility Benefits Use this message type to send any member eligibility issues to DentaQuest.

Appeals and Peer to Peer Call Requests Via PWP-View

Tools

- User Profile
- Inbox
- Contact DentaQuest
- Find a Dentist

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

Attachment

Claim/Pre-Authorization Number

Pending Claim/Pre-Authorization Number — Search

Member Name

Member Number — Search

Dentist Name — Search

Clear Dentist

* Description

*Required Fields

Submit | Cancel

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

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Appeals and Peer to Peer Call Requests Via PWP-

- 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

Provider Appeals Process

- Providers may appeal any adverse UM or claims decision DentaQuest has made to deny, reduce, terminate, delay or suspend covered dental services.
- The appeal must be in writing and submitted to DentaQuest within 30 calendar days from the date of the denial.
- The Notice of Appeal must include:

  ✓Nature and rationale of the disagreement

  ✓Supporting information
- DentaQuest will render a decision regarding the appeal within 30 days from receipt of the appeal request and notify the provider in writing of the outcome.

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Appeal Form

DentaQuest Provider Appeal Form

DentaQuest Attn: Complaints & Grievances PO Box 2906 Milwaukee, WI 53201-2906

Member Name: _____

Member Identification Number: _____

Date of Service: _____

Date EOB was received: _____

Authorization Number: _____

Date Authorization was received: _____

Provider Name: _____

Location Number: _____

Office Contact: _____

Office Phone Number: _____

Reason for Appeal:

_____

Outcome office is requesting:

_____

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Provider Appeals Process-Continued

- After completion of the DentaQuest appeals process, providers may appeal to the DMAS Appeals Division:
  - The appeal must be in writing and submitted to DMAS within 30 calendar days from the final appeal letter from DentaQuest. Appeals to DMAS must be sent to the following address:

Director/Appeals Division
Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

  - Appeals not filed within 30 days of receipt of the appeal decision will be dismissed.

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ADDITIONAL RESOURCES LINKS AND CONTACTS

Smiles For Children℠

Improving Dental Care for Children and Adults

DentaQuest®

DentaQuest Links

- Website: http://www.dentaquest.com/
- Blog: http://oralhealthmatters.blogspot.com/
- Facebook: http://www.facebook.com/dentaquest
- LinkedIn: http://www.linkedin.com/company/dentaquest
- Twitter: https://twitter.com/dentaquest
- Kids Corner: http://www.dentaquest.com/KidsKorner
- Provider Web Portal: https://govservices.dentaquest.com/
- AppCentral: www.dentaquest.com/dentists
- Recredentialing via AppCentral: http://dentaquest.com/dentists/recredentialing/

DMAS Website-SFC Program Link

http://dmasva.dmas.virginia.gov/#/dentalservices

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION • QUALITY • VALUE

Department of Medical Assistance Services

Search this website...

- Home
- About Medicaid
- Eligibility Guidance
- FAMIS
- Managed Care Benefits
- Programs & Services
- Long Term Care
- For Providers
- Report Fraud or Abuse
- Appeals
- DMAS Open Data

For Dentists

Dental Benefits

- *DentaQuest* is the single Dental Benefits Administrator of Virginia's Medicaid ***Smiles For Children Program***
- Children
- Foster Care
- Adult Pregnant Women
- Adults

Training Material

- Pregnant Women Training
- DentaQuest Provider Web Portal Training
- Virginia Oral Health Coalition Dental Provider Training

Resources

- All Virginia Medicaid ***Smiles For Children*** (SFC) Dentists are credentialed through DentaQuest. Click here for SFC credentialing information and resources or call **Smiles For Children Provider Relations:** 800-936-0913
- Smiles For Children Infographic [pdf]
- SFC Interpreter Services Invoice [pdf]
- SFC Interpreter Services Resource List [pdf]
- Dental Management Guidelines During Pregnancy [pdf]
- Provider Tips - Ways to Attract More Patients [pdf]
- Over 21 for Provider Recruitment [pdf]
- CMS and ADA License Agreement Information [pdf]
- Office Reference Manual
- Fee Schedule

Fluoride Varnish

Attention Medical providers participating in Medicaid can get reimbursed for Fluoride Varnish Treatment (children up to age 3)

- Fluoride Varnish Reimbursement [pdf]
- Fluoride Varnish Suppliers [pdf]
- Pediatricians Help Prevent Cavities with Fluoride Varnish [pdf]

Smiles For Children
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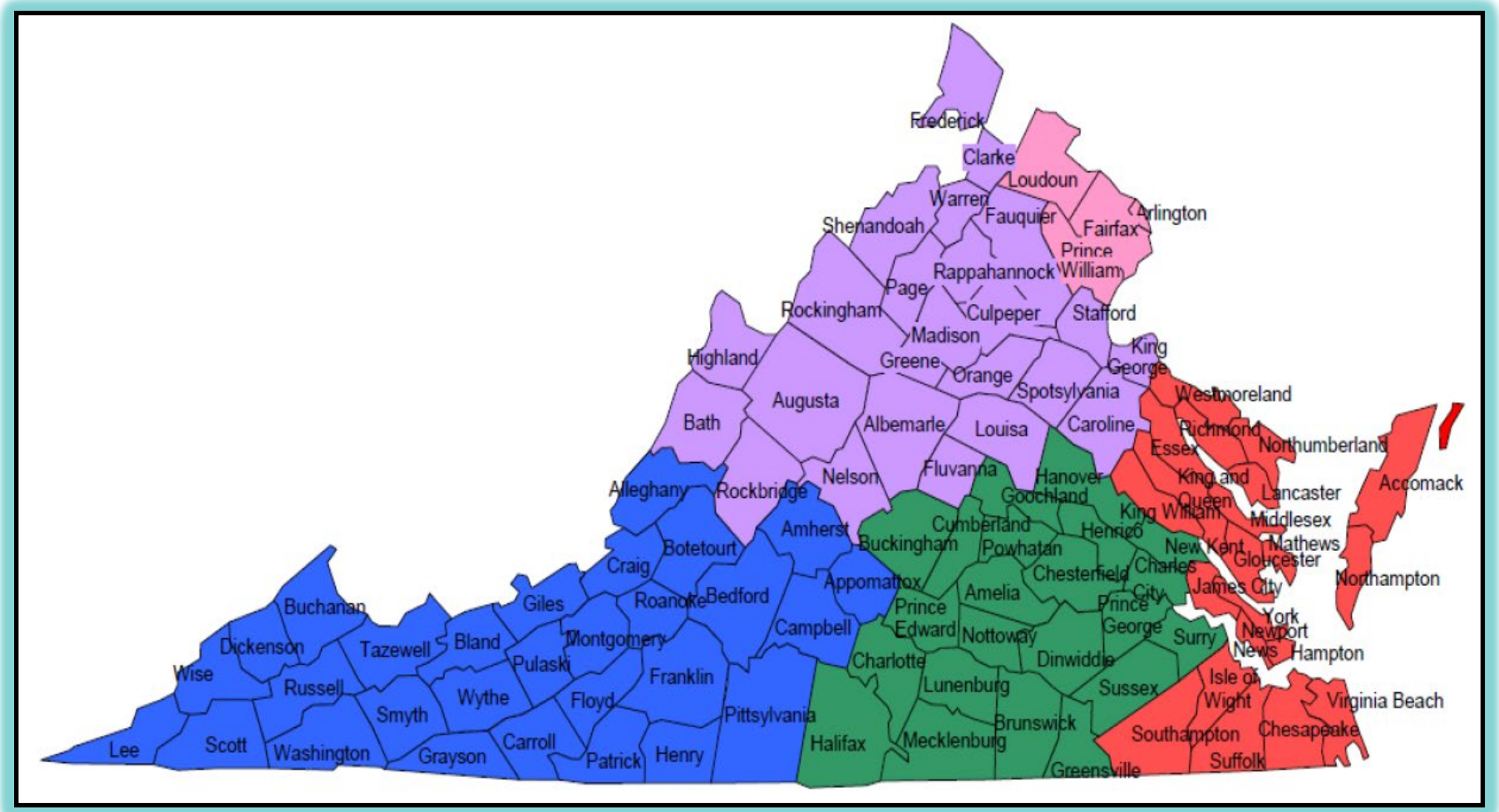
DentaQuest

Virginia Provider Partners-County Assignments Map



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Virginia Provider Partners-County Assignments

Region	Partner Name	Assigned Counties
Central	Bridget Hengle	Green Counties Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Goochland, Greensville, Halifax, Hanover, Henrico, Lunenburg, Mecklenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Richmond, Surry, Sussex
Eastern	Bridget Hengle	Red Counties Accomack, Chesapeake, Essex, Gloucester, Hampton, Isle of Wight, James City, King and Queen, King William, Lancaster, Mathews, Middlesex, Newport News, Northampton, Northumberland, Southampton, Suffolk, Virginia Beach, Westmoreland, York
Northern	Waradah Eargle	Pink Counties Arlington, Fairfax, Loudoun, Prince William.DC
Northwest	Waradah Eargle	Purple Counties Albemarle, Augusta, Bath, Caroline, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Greene, Highland, King George, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren
Southwest	Bridget Hengle	Blue Counties Alleghany, Amherst, Appomattox, Bedford, Bland, Botetourt, Buchanan, Campbell, Carroll, Craig, Danville, Dickenson, Floyd, Franklin, Giles, Grayson, Henry, Lee, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe, Tennessee, Kentucky, West Virginia, NC

Smiles For Children
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DentaQuest

Virginia Provider Partners Contact Information

Waradah K. Eargle
Provider Partner
Northern and Northwest VA
Toll-Free: 866-853-0657
Fax: 262-834-3482
waradah.eargle@dentaquest.com

Bridget Hengle
Provider Partner
Central, Eastern and Southwest VA
Toll-Free: 866-853-0657
Fax: 262-834-3482
bridget.hengle@dentaquest.com

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DentaQuest