DentaQuest Indiana

Agenda

1. How and When?

2. Claims – we want to help!

3. How to contact us

How and When

Member Eligibility

- Always view member eligibility on CoreMMIS on the Date of Service.

Eligibility Verification Request

* Indicates a required field.

Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID 199999999999	**Last Name**	**First Name**
SSN	**Birth Date**	
*Effective From 07/19/2018	**Effective To** 07/19/2018	

Submit   Reset

Coverage Details for First Name, Last Name from 07/19/2018 to 07/19/2018

Member ID 199999999999   **Birth Date** 01/01/2001   Expand All | Collapse All

Verification Response ID 18200066GY

Benefit Details

Coverage	Description	Effective Date	End Date
Package A-Standard Plan - CHIP	Package A-Standard Plan	07/19/2018	07/19/2018

Limit Details

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- Select Expand All

  - Review Managed Care Assignment Details, MCE/CMO :
    - ✓ Anthem Blue Cross and Blue Shield (Anthem) - claim is sent to DentaQuest *(use Anthem ID#)*
    - ✓ MDWise - claim is sent to DentaQuest

  - If there is not a Managed Care assignment, the member's claim should be sent to IHCP/DXC Technology.

Finding Managed Care Entity on CoreMMIS

- If the Managed Care Entity is MDwise, use the Medicaid ID as their patient ID.

Managed Care Assignment Details			
Managed Care Program		**Primary Medical Provider**	**Provider Phone**
Hoosier Healthwise Managed Care		First Name Last Name	1-812-254-4650
Effective Date	**End Date**	**MCO / CMO Name**	**MCO / CMO Phone**
08/01/2018	08/01/2018	MDWISE/EXCEL NETWORK	1---

Finding Managed Care Entity on CoreMMIS

- If the Managed Care Entity is Anthem you must also use the Medicaid ID as their patient ID.

Managed Care Assignment Details			
Managed Care Program		**Primary Medical Provider**	**Provider Phone**
Hoosier Healthwise Managed Care		First Name Last Name	1-812-485-7240
Effective Date	**End Date**	**MCO / CMO Name**	**MCO / CMO Phone**
07/19/2018	07/19/2018	ANTHEM	1-866-408-6132

Demographic Details
Street Address 111 E Main St.
City Sample   State Indiana   ZIP Code 44444

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Anthem ID Numbers

- As of April 1, 2017, all Anthem members enrolled in Healthy Indiana Plan, Hoosier Care Connect and Hoosier Healthwise have a nine-digit ID number.

- When looking up a member on our portal or calling our Customer Service department, you will need to use the nine-digit Anthem ID number to locate the member.

- When looking up the member on CoreMMIS, you will need to use the 12-digit Medicaid ID number to locate the member.

How To Locate an Anthem ID Number on Our Portal?

Select Patient, then select Member Eligibility. Search by the member's first and last name along with date of birth only.

Both the Anthem ID and Medicaid ID will show up. Make sure you use the Anthem ID on all Anthem Patient claims.

How to Locate A Patient's Service History

Once you find the patient, click on their name and the below screen will appear. Click on View Service History. This is the same for a MDwise patient and an Anthem patient.

View Of Service History

Personal Health General Info

Member Information				🗋 Download File 🖨 Printer Friendly Format

Member Name First Name, Last Name

Date of Birth 01/01/2001 ❓

Member ID IN0999999, 199999999999

Member Service History

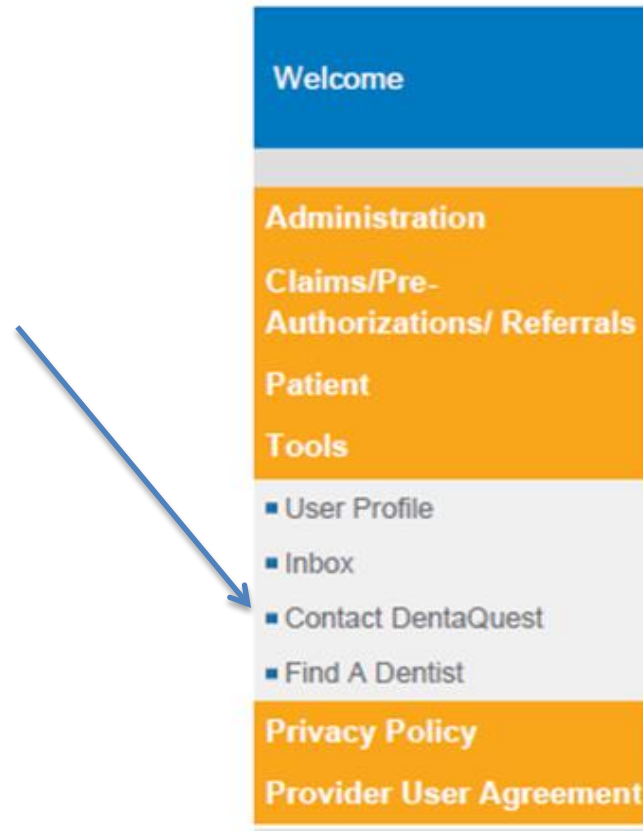| Procedure Code	Procedure Code Description	Tooth/Quad/Arch	Place of Service	Service Date
D0150	comprehensive oral evaluation - new or established patient		Office	12/26/2017
D1120	prophylaxis - child		Office	12/26/2017
D1206	topical application of fluoride varnish		Office	12/26/2017

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Done

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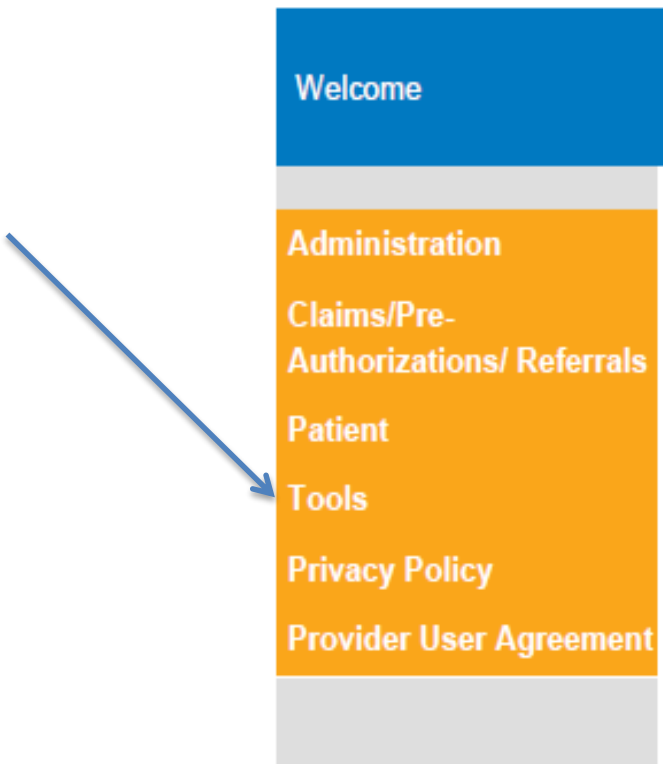# When Should An Appeal Be Filed?

- Providers that disagree with determinations made by the DentaQuest dental directors may submit a written Notice of Appeal to the member's MCE that specifies the nature and rationale of the disagreement.

- An Appeal can only be determined by a Dental Consultant if the service was previously <u>clinically</u> denied.

- Eligibility issues should <u>not</u> go to appeals.

How To File An Appeal Through The Portal

1. On home screen of portal click on Tools.
2. Then click on Contact DentaQuest.

In the Message Type, choose Appeals.

If you have documents to attach, click on Upload. Then search for the claim number by clicking on the spyglass.

DentaQuest

Welcome

Home

Administration

Claims/Pre-Authorizations/ Referrals

Patient

Tools

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

Privacy Policy

Provider User Agreement

Contact DentaQuest

All peer to peer requests are to be discussed Dentist to Dentist regarding clinical criteria 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.
Please note that All peer to peer requests are to be discussed Dentist to Dentist regarding clinical criteria

Message

Your Name	
*Message Type	Appeals ▼ ?
Attachment	
	Upload View Clear

Claim/Pre-Authorization Number

Pending Claim/Pre-Authorization Number   Search 🔍

Clear Claim

Member Name

Member Number   Search 🔍

Clear Member

Dentist Name

Search 🔍

Clear Dentist

* Description

*Required Fields   Submit   Cancel

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After you click on the spyglass it expands out and you can search for the claim by First and Last name and Date of Birth

Complete the rest of the searches, and then if you need to add a narrative, type it in the Description box and hit Submit.

When and How A Claim Should Be Voided

Incomplete Claims should be voided by selecting Void in the Message Type box. The process is the same as an appeal but instead you select Void.

When To Submit A Corrected Claim

A corrected claim is a claim that is submitted to correct an error(s) on a previously submitted claim. A corrected claim is different than an appeal or a void because there is no clinical or administrative disagreement or services that were not provided with the original claim. The sole purpose of a corrected claim is to correct a recognized error on a previously submitted claim.

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How To Submit A Corrected Claim

- For example, if D2140 is submitted without a tooth number specified, the claim will be denied because a tooth number is required for that code. A new claim should be created with the proper tooth number identified and submitted with the words "Corrected Claim." The previous claim number should be in Box 35 of the ADA claim form. The remarks might be "Corrected claim for 201812345678999 to provide missing tooth number for D2140."

- It is imperative that a corrected claim includes either the word "Corrected" or the word "Adjusted." Place the original claim number in Box 35 so that the DentaQuest system will recognize the claim as a corrected claim.

Example of Corrected Claim

When: If an incorrect code or fee was entered on a claim, a corrected claim can be submitted to make adjustments to the incorrect code or fee that was originally submitted.

How: In the note section of the claim, add "corrected claim" with the original claim number. Please only enter procedures that need to be corrected.

What Does HIP Maternity Cover?

HIP Maternity has the same coverage as a HIP State Plan Plus member.

Benefit Details			
Coverage	**Description**	**Effective Date**	**End Date**
HIP Maternity	HIP Maternity	04/19/2018	04/19/2018

Managed Care Assignment Details

Sending a Secondary Insurance Claim

- When a patient has a primary insurance, the office has 90 days from the date the primary paid to submit the secondary claim.

- When submitting the secondary claim make sure you submit the primary EOB as well as the page that shows the denial descriptions. If this is not included we will deny the claim.

- Mark in box 35 "See Primary INS EOB attached."

33. Missing Teeth Information (Place an 'X' on each missing tooth)	34. Diagnosis Code List Qualifier		(ICD-9 = B; ICD-10 = AB)	31a. Other Fee(s)	$0.00
Permanent	34a. Diagnosis Code(s) (Primary Diagnosis Code in 'A')	A	B		
Primary		C	D	32. Total Fee	$115.00
35. Remarks *See Primary INS EOB attached*					
AUTHORIZATIONS		ANCILLARY CLAIM/TREATMENT INFORMATION			

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How Are Claims Reviewed?

There are three levels of claim review:

1. Automatic review of claims that ensure basic information is correct such as verifying the eligibility of the member.

2. If a claim requires clinical review, it is reviewed by a Clinical Review Specialist (CRS).

   - All Clinical Review Specialists are certified dental assistants or registered dental hygienists. They receive rigorous training in claims adjudication.

3. If a Clinical Review Specialist determines that a claim should be denied based on a clinical interpretation, the claim is sent to a licensed dentist for further review.

- The decision to deny a claim for clinical purposes can only be made by a dentist.

- All DentaQuest personnel involved in reviewing claims, CRSs and dentists, take quarterly examinations called Inter-Rater Reliability (IRR) tests to ensure that claims are being adjudicated in a consistent manner.

Code Specific Questions

Space Maintainers

- All space maintainer codes should be submitted with a tooth number.

- The tooth number needs to be in Box 27.

X-rays

- As is common in the insurance industry, DentaQuest bundles radiographs taken on or near the same date of service by the same provider or location.

- Radiographs submitted with claims must be of diagnostic value.

- Digital images are preferred and can be submitted through the DentaQuest portals or through NEA, National Electronic Attachment.

- If digital images cannot be submitted, we encourage submission of duplicate films, however they cannot be returned.

- Original films will be returned if a self-addressed stamped envelope is supplied with the claim.

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X-rays (cont.)

- Photocopies of X-ray films are discouraged as they are rarely of diagnostic quality.

- Do not fax X-rays or photos of X-rays.

- Always remember to use code D0230 after the first initial PA, D0220 is taken for the year. This follows IHCP guidelines.
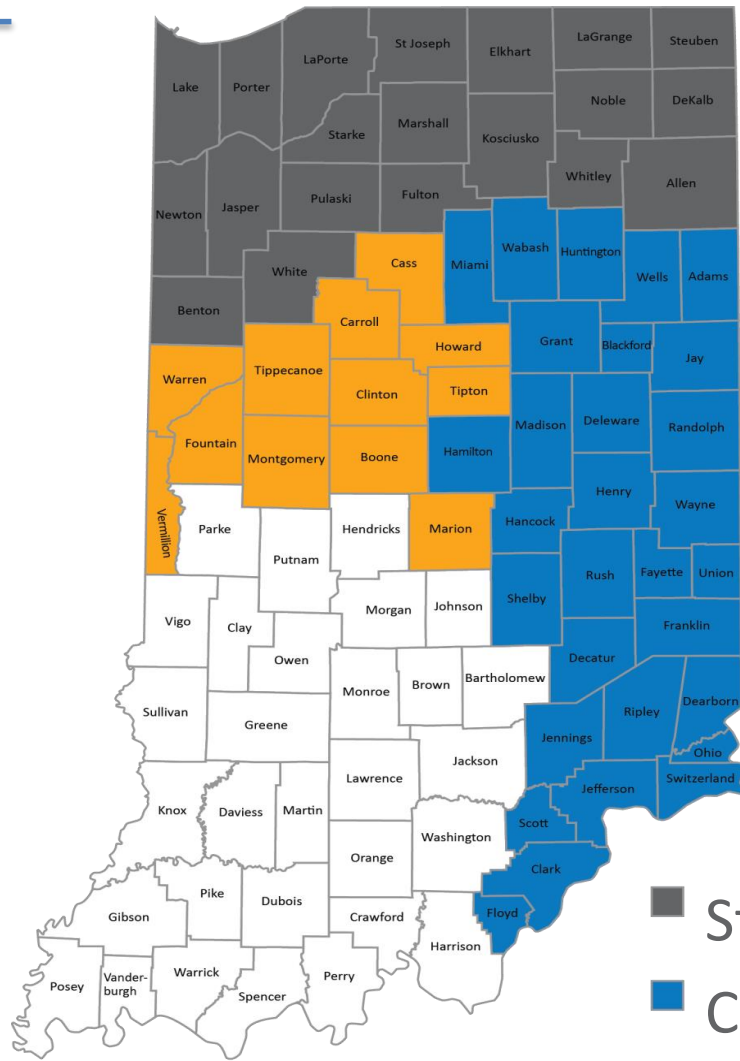
We want to hear from you!

DentaQuest

Proven Experts in Dental Program Administration

How to Contact your Provider Engagement Representative?

Stephanie Bonnell

Cindy Cobb

Melanie Brune

Courtney Stanton

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Melanie Brune, 317-416-2033

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Counties Served: Boone, Carroll, Cass, Clinton, Fountain, Howard, Marion, Montgomery, Tippecanoe, Tipton, Vermillion, and Warren

Cindy Cobb, 317-416-2022

cindy.cobb@dentaquest.com

Counties Served: Adams, Blackford, Clark, Dearborn, Decatur, Delaware, Fayette, Floyd, Franklin, Grant, Hamilton, Hancock, Henry, Huntington, Jay, Jefferson, Jennings, Madison, Miami, Ohio, Randolph, Ripley, Rush, Scott, Shelby, Switzerland, Union, Wabash, Wayne, and Wells

Stephanie Bonnell

stephanie.bonnell@dentaquest.com

Counties Served: Allen, Benton, DeKalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, Starke, Steuben, St Joseph, White, and Whitley

Courtney Stanton, 317-432-8946

courtney.stanton@dentaquest.com

Counties Served: Bartholomew, Brown, Clay, Crawford, Daviess, Dubois, Gibson, Greene, Harrison, Hendricks, Jackson, Johnson, Knox, Lawrence, Martin, Monroe, Morgan, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Virgo, Warrick, and Washington

Questions?