



Texas Medicaid and CHIP Provider FAQs

January 12, 2012

Provider Agreement and Application

Q: Will providers need Texas Provider Identifiers (TPI)?

A: Medicaid Providers are required to have a TPI, CHIP Providers are not. The credentialing process can be started without a TPI. Final approval will be contingent on receipt of a valid TPI. (Each provider needs one per location.)

Q: If a new dentist is joining a currently participating office, will the new dentist need to submit a TPI?

A: The new dentist will need to apply for a TPI. However, upon notification of completion of credentialing, the new dentist will be able to see patients even if the TPI has not yet been issued.

Q: Will DentaQuest accommodate retroactive effective dates for providers?

A: DentaQuest is only allowed to make providers retroactive if a dentist is joining a practice that already has one or more dentists with a TPI.

Q: Can I submit my application to DentaQuest using the Texas Standardized Credentialing Application?

A: Yes. Please also include the signature pages of the DentaQuest Provider Application.

Q: Does a provider need to fill out an application for every location?

A: Only one application is required per provider. Providers may be included on multiple contracts and only fill out one application that indicates each location where they will be rendering service (or a separate document can be provided with the information).

Q: Does an Agreement need to be filled out for every provider in the office?

A: One Agreement is required per Tax ID. Each individual dentist must complete an Application.

Q: Are offices required to carry Malpractice insurance?

A: Yes. Professional Liability Insurance of \$100,000 per occurrence and \$300,000 aggregate must be maintained for credentialing to be approved.

Claims and Authorizations

Q: What services will require prior authorization?

A: Please see our Office Reference Manual (ORM) at DentaQuestTexas.com.

Q: Does DentaQuest review for medical necessity for non covered services?

A: If the service is a covered benefit we will review for medical necessity, but we may allow exceptions.

Q: How will the prior authorization process work?

A: Prior authorizations can be submitted electronically through our provider web portal with digital attachments free of charge. DentaQuest also accepts electronic authorizations through clearinghouses with NEA attachments. Alternatively, authorization requests can be submitted on a 2006 ADA claim form with documentation attached.

Q: Is approval required to send patients to a dental specialist (Pediatric Dentist, Oral Surgeon, Periodontist, Orthodontist, etc.)?

A: Members in need of specialty care can be directly referred to any in network specialist without the need of referral or authorization except when a Main Dental Home Dentist refers to



another Main Dental Home Dentist (General Dentists or Pediatric Dentist) for specialty care. A referral is required so that DentaQuest has record of the fact that another Main Dental Home Dentist is rendering services to a patient that is not assigned to them. That new provider must submit an authorization request for all services to be rendered to ensure they will be paid. If the Member is switching their Main Dental Home Dentist, only services that require authorization need to be submitted for approval.

Q: How long is a referral good for? Sometimes follow up care is needed.

A: Referrals will be good for 90 days.

Q: If I am the Dental Home Dentist for a member, can my associate see that member while I am out of the office?

A: Yes, if that associate is at the same office and is credentialed.

Q: Will claims need to include a member's state issued Medicaid identification number?

A: Yes, all claims should include the member's state issued Medicaid identification number. DentaQuest will use this number as the member's sole identification number.

Q: Can claims be submitted electronically?

A: Yes, DentaQuest accepts claims from all of the major clearing houses. Our payer ID is **CX014**. Additionally, submitting claims directly through our Provider Web Portal is easy and free of charge.

Q: What is the timely filing limit for claims?

A: 95 days.

Q: What if my TPI is received after the 95 day timely filing limit?

A: Claims may initially deny; however with documentation we would review these on an individual basis to re-process claims.

Q: If a claim is denied, what is the appeals process? Is there a specific form to fill out when submitting an appeal?

A: An appeal form is not required, although one is provided to assist providers in submitting all necessary information. Providers can simply send a letter that clearly identifies the denial (claim ID, member ID, denial reason) stating the reason for appeal and requested outcome. More detail is provided on this process in the Provider Manual.

Q: How long will it take to pay claims and how often will payment be issued?

A: From receipt of a clean claim, typical processing time averages 10 days. Payments will be issued on a weekly basis via direct deposit.

Q: Will DentaQuest receive history from HHSC?

A: We will be receiving some history, but Providers should follow what the member says to prevent denials if history receipt is delayed. Providers can access member history on our website.

Q: Will DentaQuest be sharing history with other DMOs?

A: We may or may not be able to share history among the dental plans. Providers should view history provided on our web portal and should follow what the member says to prevent denials. Any continuation of care cases must be submitted with approval received from any other dental plan.

Q: Will DentaQuest honor authorizations from other/previous DMOs?

A: Yes, Authorizations from previous DMOs will be honored for 180 days from the date of approval. Members must be eligible with DentaQuest at the time of service. Submit a 2006

(or newer) ADA claim form reflecting the completed covered services and attach the approval from the previous carrier as supporting documentation.

Q: How long will it take to determine authorization requests?

A: Authorizations are determined within 3 business days from the receipt of an authorization request at DentaQuest. Determinations letters will be mailed to providers at that time and the results will be immediately available on the provider web portal. Emergency authorizations are determined in 24 hours.

Q: How are claims for patients with primary insurance processed?

A: Upon enrollment in the program, DentaQuest is notified of a patient's primary insurance coverage. Claims for patients having primary coverage must include a copy of the primary carrier's explanation of benefits (EOB). If an EOB is not included, the claim will be denied and the provider will be directed to the primary insurance carrier. If the EOB is included, payment will be made for covered services up to the Medicaid/CHIP allowed amounts after payment by the primary carrier is deducted. Services paid by the primary carrier in excess of the Medicaid/CHIP allowed amounts are considered paid in full.

Q: How often can members change their plan?

A: Members can switch plans within the first 90 days, after 90 days they are locked in for one year from the date of eligibility for CHIP; Medicaid members may change month to month. This is subject to change and dissatisfied members can appeal for a change in their dental plan at any time.

[Dental Home](#)

Q: Can members change their Dental Home provider?

A: Yes, members can call DentaQuest at any time to change their Dental Home Provider and it will be effective that day. The new Dental Home Dentist will receive verbal confirmation of the switch and the assignment roster will be updated the next business day and available on the web portal. If it is outside of normal business hours and a new Dental Home Dentist needs to render services, the member can call DentaQuest the next business day to switch their Dental Home Dentist.

Q: What if the member is a minor in foster care and a parent cannot call?

A: There should be a medical release form filed with the State within 24 hours of placement. This paperwork can be faxed to DentaQuest to update the Guardian information, and if necessary change the Dental Home information.

Q: Can a Provider Change the Dental Home Provider for a member?

A: No, only members can change their Dental Home Dentist. Certain exceptions will be made if the dentist needs to request the switch on behalf of the member because the member is physically unable to call us (emergencies).

Q: Can members receive services from providers who are not their Dental Home provider?

A: Before going to a new dentist, members must call DentaQuest to change their Dental Home. If seeing a provider in the same practice as their Dental Home Dentist, members do not need to change their Dental Home Dentist. For purposes of rendering specialty care, please see below.

Q: What if I am a Dental Home Provider and need to refer my patient to another Dental Home Provider (another General or Pediatric Dentist) for specific services?

A: When a Main Dental Home Dentist refers to another Main Dental Home Dentist (General Dentists or Pediatric Dentist) for specialty care, a referral is required so that DentaQuest has record of the fact that another Main Dental Home Dentist is rendering services to a patient that is not assigned to them. That new provider must submit an authorization request for all

services to be rendered to ensure they will be paid. If the Member is switching their Main Dental Home Dentist, only services that require authorization need to be submitted for approval.

Q: If members can change Dental Home Providers at any time, how does the DMO ensure the member isn't "provider hopping"?

A: DMOs are responsible for member education to assist and guide the member to healthy decisions for ensuring coordinated care. Patient service history is available to all providers through the Provider Web Portal and can be verified before providing services. Providers can also help prevent 'provider hopping' by establishing and maintaining a good dentist/patient relationship.

Q: What if I have a Provider filling in for me who does not participate in the program?

A: At this time, only credentialed Providers may treat and bill for services. There may be exceptions to this rule and additional information may be forthcoming.

[Provider Directory](#)

Q: How often will the Provider Directory be updated?

A: The Provider Directory will be updated on a real-time basis as new providers are added.

Q: Will the Provider Directory include the name of the dental practice as well as the name of each individual dentist?

A: Yes, the Provider Directory will include both.