TEXAS BEST PRACTICES PROVIDER TRAINING

2025

DentaQuest®

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DentaQuest

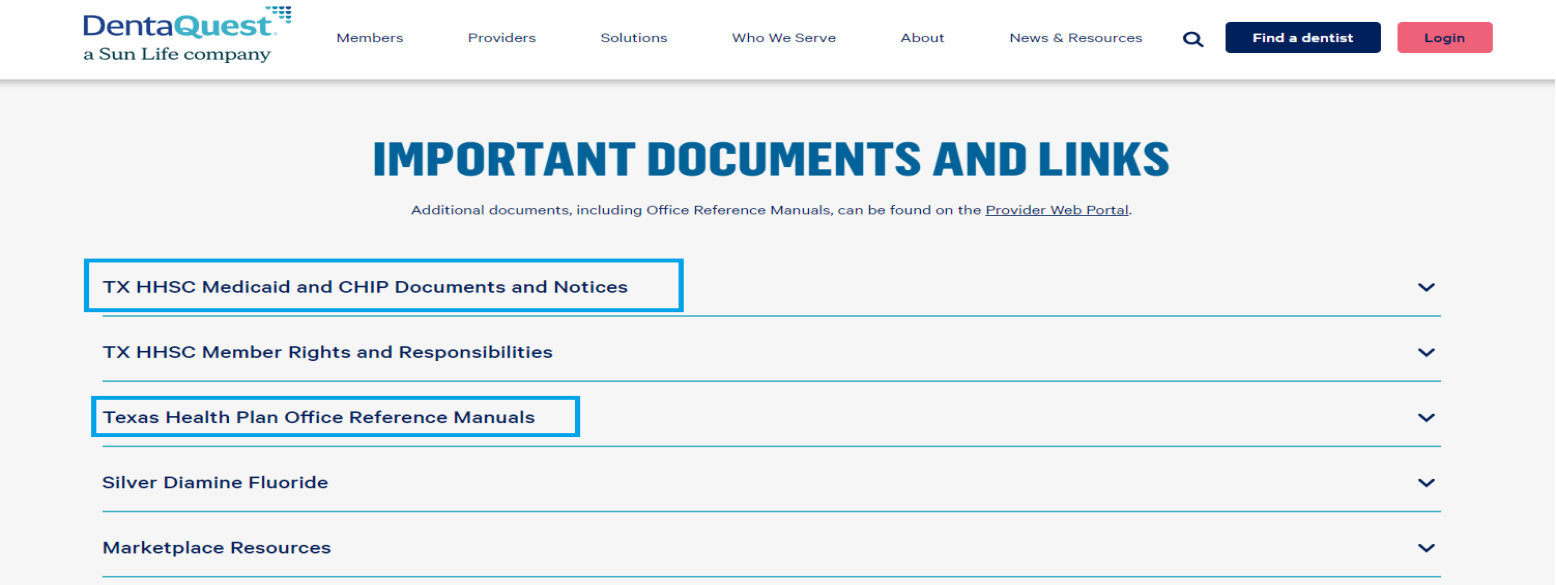
TEXAS PROVIDER MICROSITE

https://www.dentaquest.com/en/providers/texas

Texas Provider Microsite
Office Reference Manual

The Office Reference Manuals (ORM) are located on the *Important Documents and Links* section on the Texas Provider microsite.

- Each plan has its own designated ORM.
- The ORMs are “live” documents; current info is not accessible when manuals are printed or downloaded.



Texas Provider Microsite
Office Reference Manual

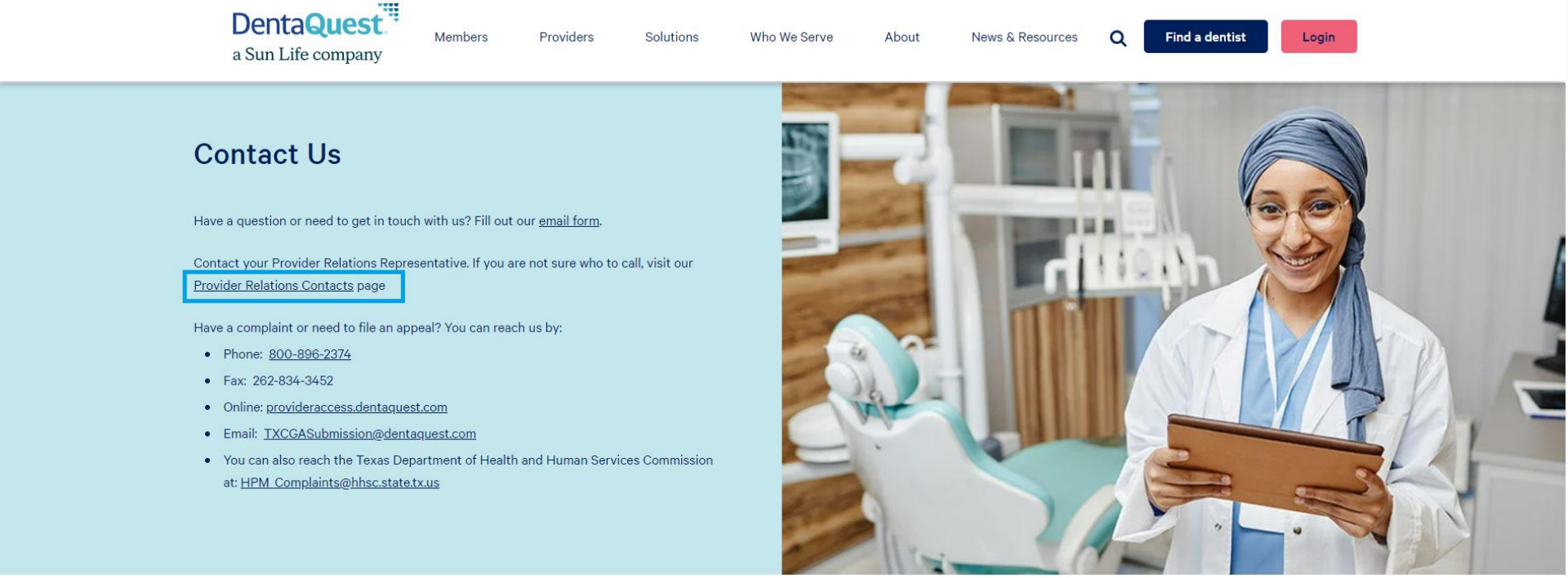
- Important address and phone numbers for provider services, customer services, prior authorizations, etc.
- Providers rights and responsibilities.
- Member eligibility procedures and samples of identification cards.
- Authorization procedures.
- Appeal procedures.
- Claim submission procedures.
- Utilization Management Program/ Prior Authorizations.
- Fraud and Abuse Program.
- Quality Management Program.
- Health guidelines and criteria.
- Forms and Documents.
- Plan Benefits and Limitations.

Texas Provider Microsite

Provider Relations Contacts

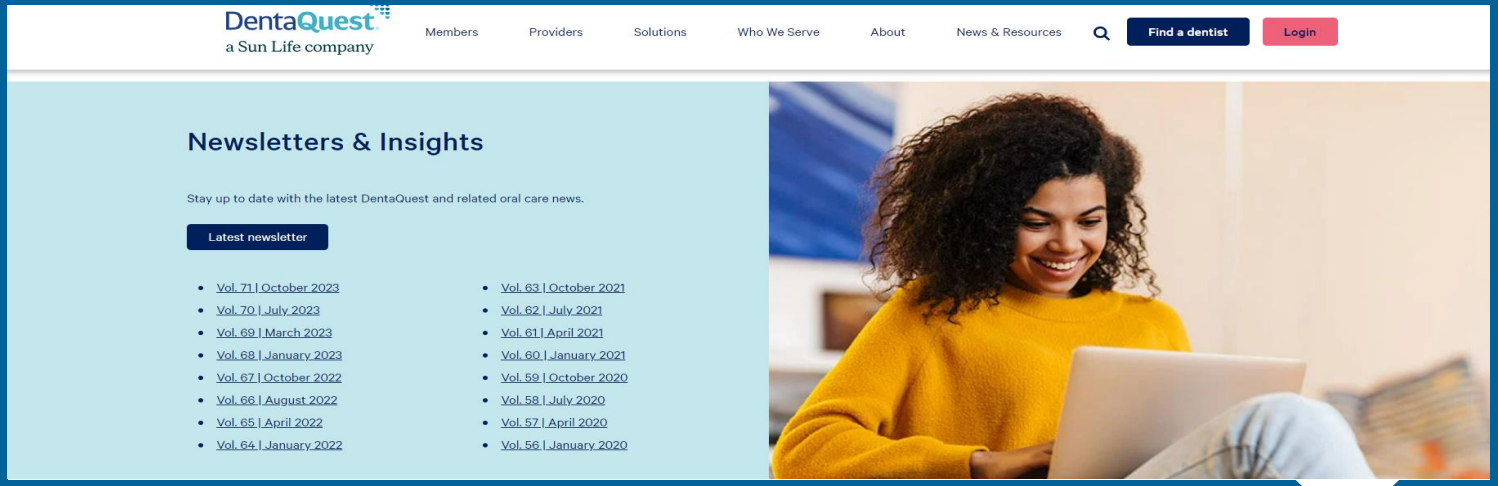
Each of the Provider Relations direct contact information is listed in the *Contacts Us* section on the microsite.

- The counties are listed for each region in alphabetical order.



Texas Provider Microsite
Provider Newsletters

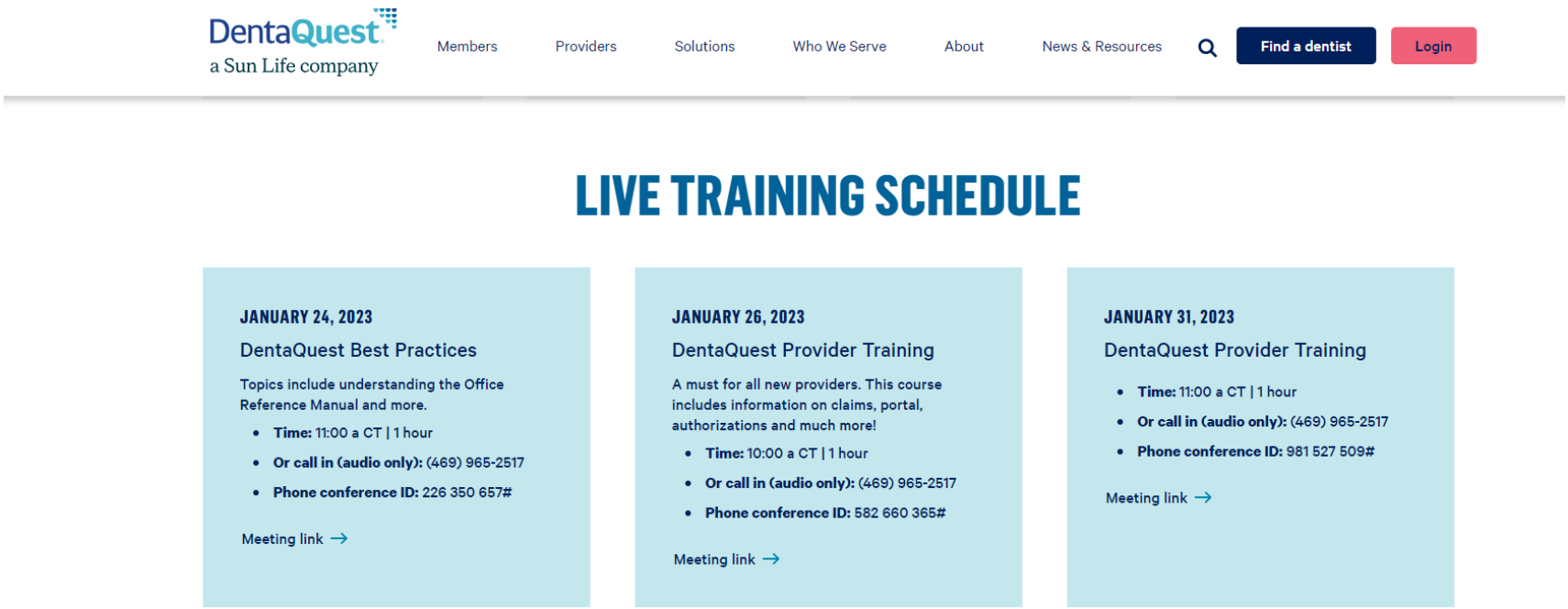
Stay current with program updates. Provider newsletters (***Texas Roundup***) are posted quarterly to the Newsletters & Insights section on the Texas Provider microsite.



Texas Provider Microsite

Provider Training Schedule

Scheduled trainings and/or training materials are posted in the *Provider Training* tab.



CLAIMS PROCESSING

Claims Processing and Payment

Clean Claim payment must be made by DentaQuest within thirty (30) days.

- DentaQuest must receive your claim requesting payment of services within ninety-five (95) days from the date of service.
- Claims must be submitted on a 2019 or later approved ADA claim form.
- For Claims Questions, please send an email to:

  txclaims@dentaquest.com, or

  Call our Provider Hotline at: 1-800-896-2374, or

  Fax Claims/payment issues: 262-241-7379

Claims Processing and Payment (cont'd)

Whenever possible, DentaQuest will identify each applicable reason code and specific information requirements to inform the provider of the precise data fields and issues related to each claim.

DentaQuest must withhold all or part of payment for a claim submitted by a provider:

(1) excluded or suspended from the Medicare, Medicaid, or CHIP Programs for Fraud, Waste, or Abuse;

(2) on full or partial payment hold under the authority of HHSC or its its authorized agent(s); or

(3) with debts, settlements, pending payments, or accounts receivable due to HHSC, or the state or federal government.

DentaQuest must process and pay Medicaid provider claims in accordance with the benefits limits and exclusions of the Texas Medicaid Program unless otherwise approved by HHSC to not do so.

Claims Processing and Payment (cont'd)

DentaQuest may not directly or indirectly charge or hold a Member or a Network or out of network provider responsible for a fee for the adjudication of a claim.

Please refer to the **Medicaid and CHIP Encounter Data, Billing, and Claims Administration** section in the DentaQuest' s Office Reference Manual (ORM) for detailed information.

Complaint and Appeal Process

DentaQuest has processes in place to address Member and Provider complaints and appeals.

Please refer to the **Medicaid Dental Services Provider Complaint and Appeal Process** or **CHIP Provider Complaints and Appeals** sections in the DentaQuest' s Office Reference Manual (ORM) for detailed information.

Member Rights and Responsibilities

It is important that Providers understand Member rights and responsibilities for Texas Medicaid and CHIP Members.

CHIP Members are subject to cost sharing and are charged a co-pay for each non-preventive office visit; however, Medicaid Members are not charged a co-pay for services.

Please refer to the **Member Rights** section in the DentaQuest' s Office Reference Manual (ORM) for detailed information.

COMMON DENIAL REASONS

Common Denial Reasons

Clinical Denials

CHIP

- No narrative or supporting documentation for exceeding the $564 maximum.

Extractions

- Submitting extractions for teeth that shows exfoliation.

Crowns

- Tooth does not have extensive decay on multiple services or moderate cuspal involvement
- No pre-op radiograph provided. Pre-op and post-op radiographs are required

Third molar extractions

- Provider does not submit a tooth and member specific narrative; comments on are generic or a template used for every prior auth.

Common Denial Reasons

Administrative Denials

- Service exceeds benefit limitations or maximum benefit allowance
- Submitting provider is not the member's Primary Care Dentist
- This procedure is a duplicate of a service previously processed
- Resubmit with labeled x-ray with member's full name, date film(s) were taken, and identify the member's left and right side.
- This procedure has been submitted after the timely filing limit

DEFINITION OF MEDICAL NECESSITY

Definitions of Medical Necessity and Emergency Dental Services

- Medically necessary is defined in the Texas Administrative Code (TAC) Rule 353.2.
- Emergency dental services are limited to the following:
  - Procedures necessary to control bleeding, relieve pain, and eliminate acute infection.
  - Operative procedures required to prevent imminent loss of teeth.
  - Treatment of injuries to the teeth and supporting structures.

PRE-PAYMENT REVIEW VS. PRIOR AUTHORIZATION

Prior Authorization

- Dental services that require review by DentaQuest for determination of medical necessity and approval before delivery are subject to prior authorization.
- Documentation must clearly support medical necessity (x-rays, narrative, photos…etc.)

Please refer to the ORM for specific services that require a prior authorization

Pre-payment Review

- Pre-payment Review is the review of dental procedures that requires clinical review by DentaQuest, for determination of medical necessity prior to reimbursement for the procedures.
- These procedures can be administered before determination of medical necessity is rendered; it will require submission of proper documentation with the claim submission.
- Documentation must clearly support medical necessity (x-rays, narrative, photos…etc.).
- Any claim submitted that does not meet the pre-payment review requirements listed above, will not be reviewed for payment consideration.

Please refer to the ORM for specific services that requires clinical review

CLINICAL CRITERIA

Clinical Criteria
Dental Extractions

Documentation needed for pre-payment review or prior authorization:

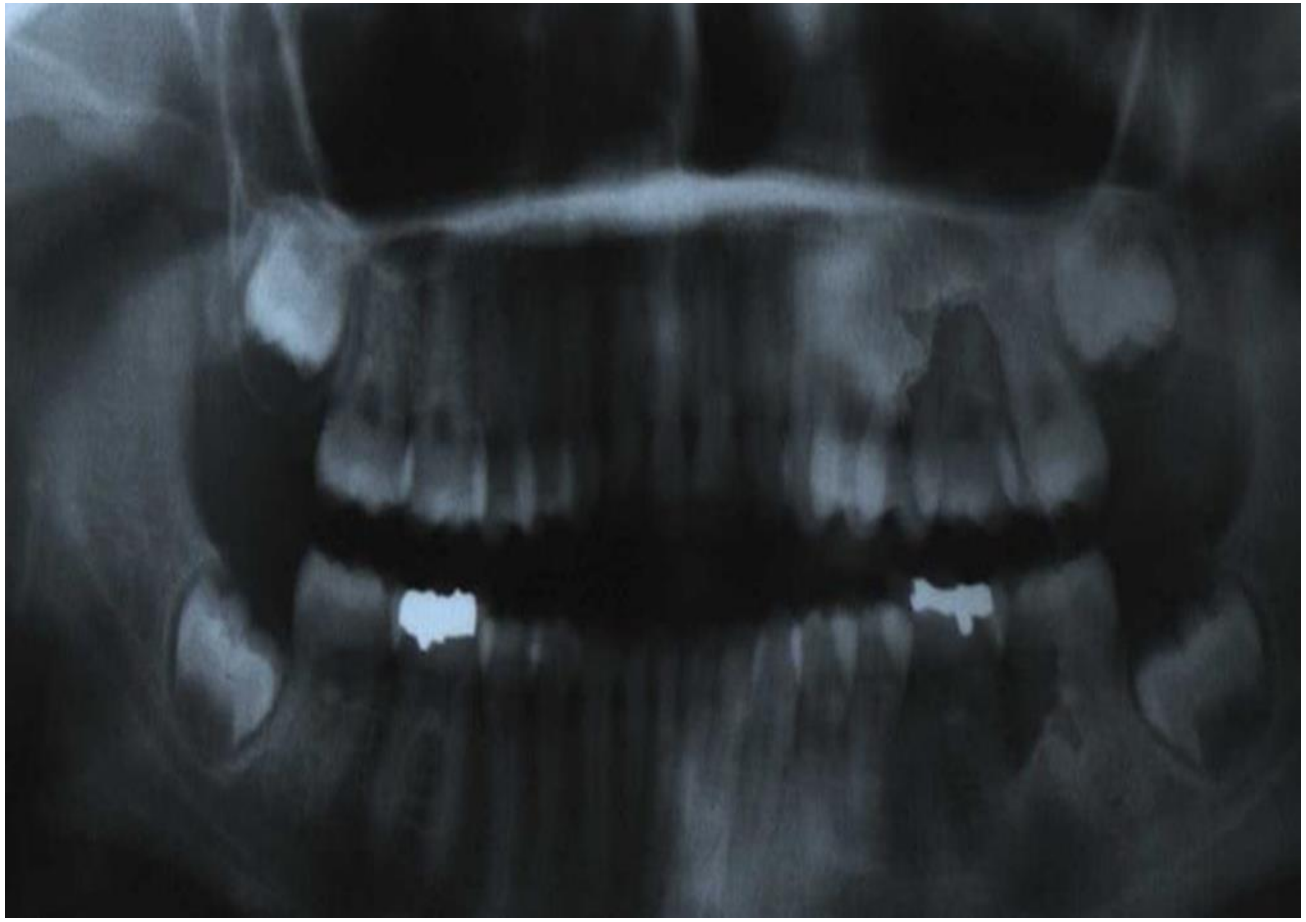
- Appropriate radiographs showing clearly the adjacent and opposing teeth should be submitted for authorization review: periapical(s) or panoramic.
- Treatment rendered under emergency conditions, when authorization is not possible, will still require that appropriate radiographs showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment.
- Narrative demonstrating medical necessity.

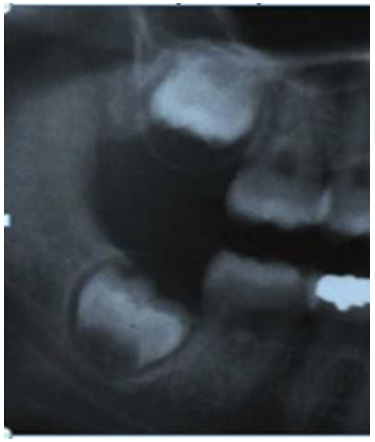
Clinical Criteria

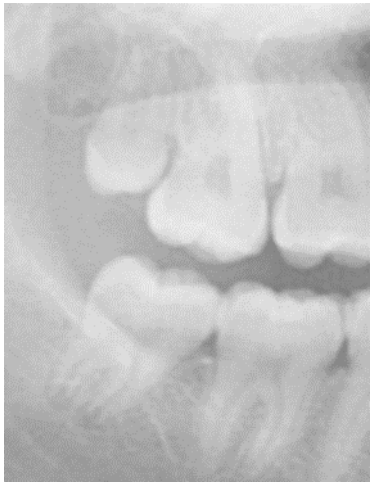
Dental Extractions Criteria

- The prophylactic removal of asymptomatic teeth (i.e., third molars) or teeth exhibiting no overt clinical pathology is subject to consultant review.
- The removal of primary teeth whose exfoliation is imminent does not meet criteria.
- Alveoloplasty (code D7310) in conjunction with four or more extractions in the same quadrant will be covered subject to consultant review.

Clinical Criteria
Impaction Denials

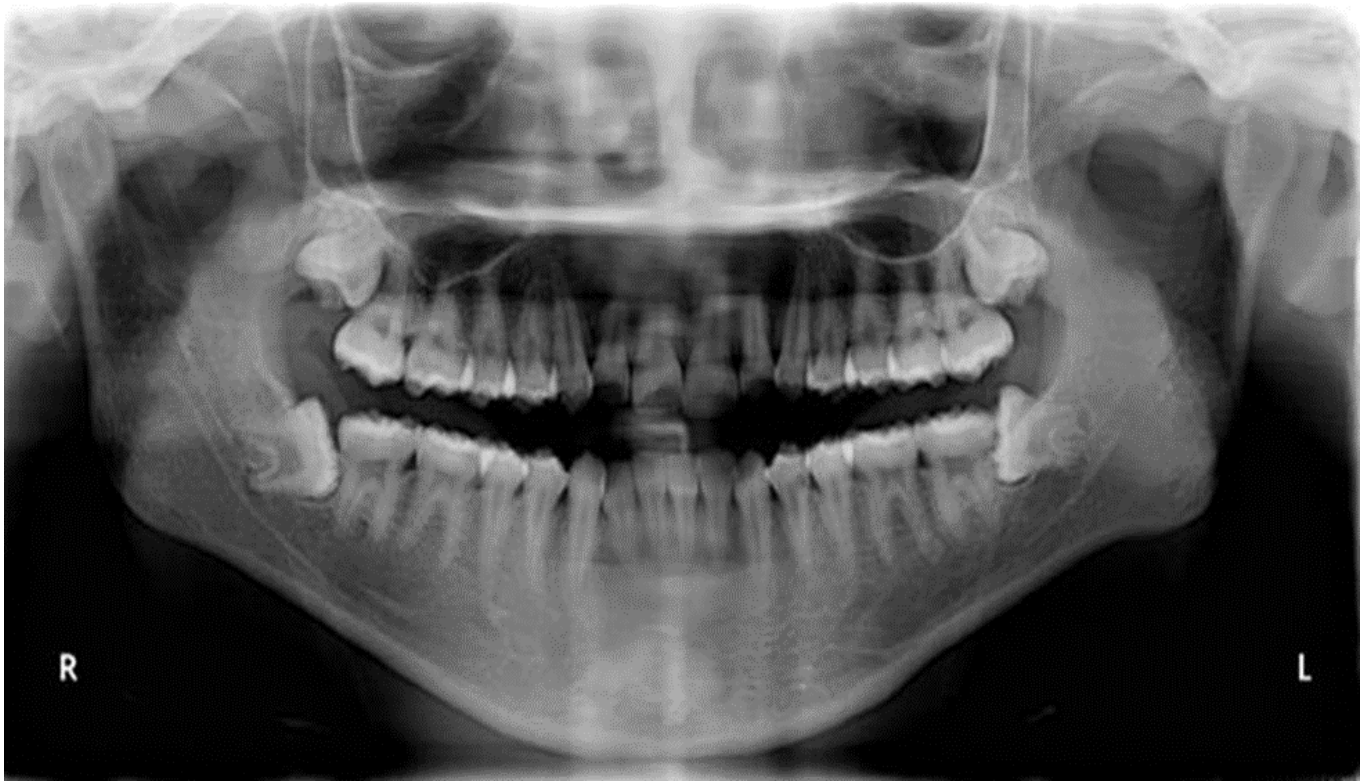


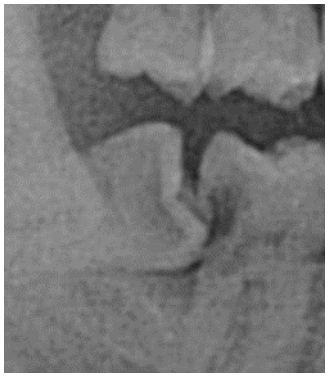


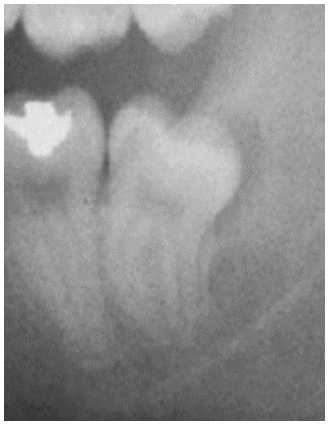


Clinical Criteria

Impaction Approvals Aberrant Position/Pathology







DentaQuest

Clinical Criteria
Endodontics

Documentation is required for pre-payment review or prior authorization:

- Sufficient and appropriate radiographs showing clearly the adjacent and opposing teeth and a pre-operative radiograph of the tooth to be treated; periapical(s) or panoramic.
- Labeled post-operative radiographs must be submitted for review for payment.
- Treatment rendered under emergency conditions, when authorization is not possible, will still require that appropriate radiographs clearly show:
    - The adjacent and opposing teeth.
    - Pre-operative radiograph and dated post-operative radiograph of the tooth treated.
- In cases where pathology is not apparent, a written narrative justifying treatment is required.

Clinical Criteria

Endodontic - Criteria Met

Root canal therapy is performed in order to maintain teeth that have been damaged through trauma or carious exposure. Root canal therapy must meet the following criteria:

- Fill should be sufficiently close to the anatomical apex to ensure that an apical seal is achieved.
- Fill must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.

Clinical Criteria
Endodontic - Criteria Not Met

- Gross periapical or periodontal pathosis is demonstrated radiographically (caries subcrestal or to the furcation, deeming the tooth non-restorable).
- The general oral condition does not justify root canal therapy due to loss of arch integrity.
- Root canal therapy is for third molars, unless they are an abutment for a partial denture.
- Tooth does not demonstrate 50% bone support.
- Root canal therapy is in anticipation of placement of an overdenture.
- A filling material not accepted by the Federal Food and Drug Administration (e.g., Sargenti filling material) is used.

Clinical Criteria
Additional Endodontic Considerations

- Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obturation of root canal(s), and progress radiographs, including a root canal fill radiograph.
- In cases where the root canal filling does not meet DentaQuest's treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after DentaQuest reviews the circumstances.

Clinical Criteria
Stainless Steel Crowns

Documentation needed for pre-payment review or prior authorization:

- Appropriate radiographs showing clearly the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered under emergency conditions, when authorization is not possible, will still require that appropriate radiographs showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment.
- Narrative demonstrating medical necessity if radiographs are not available.

Clinical Criteria

Stainless Steal Crowns – Met Criteria

- In general, criteria for stainless steel crowns will be met only for teeth needing multi-surface restorations where amalgams and other materials have a poor prognosis.
- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and two or more cusps.
- Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and at least 50% of the incisal edge.
- Primary molars must have pathologic destruction to the tooth by caries or trauma and should involve two or more surfaces or substantial occlusal decay resulting in an enamel shell.

Clinical Criteria
Crown Followed by a Root Canal

- Request should include a dated post-endodontic periapical radiograph.
- Tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is achieved.
- The filling must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.

Clinical Criteria

Crown Followed by a Root Canal – Criteria Met

- To meet criteria, a crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.
- The patient must be free from active and advanced periodontal disease.
- The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent anterior teeth. Payment for crowns must be billed on seat date and not prep date.
- Cast Crowns on permanent teeth are expected to last, at a minimum, five years.

Clinical Criteria

Crown Followed by a Root Canal Criteria - Not Met

- A lesser means of restoration is possible
- Tooth has subosseous and/or furcation caries
- Tooth has advanced periodontal disease
- Tooth is a primary tooth
- Crowns are being planned to alter vertical dimension

Clinical Criteria
Periodontics

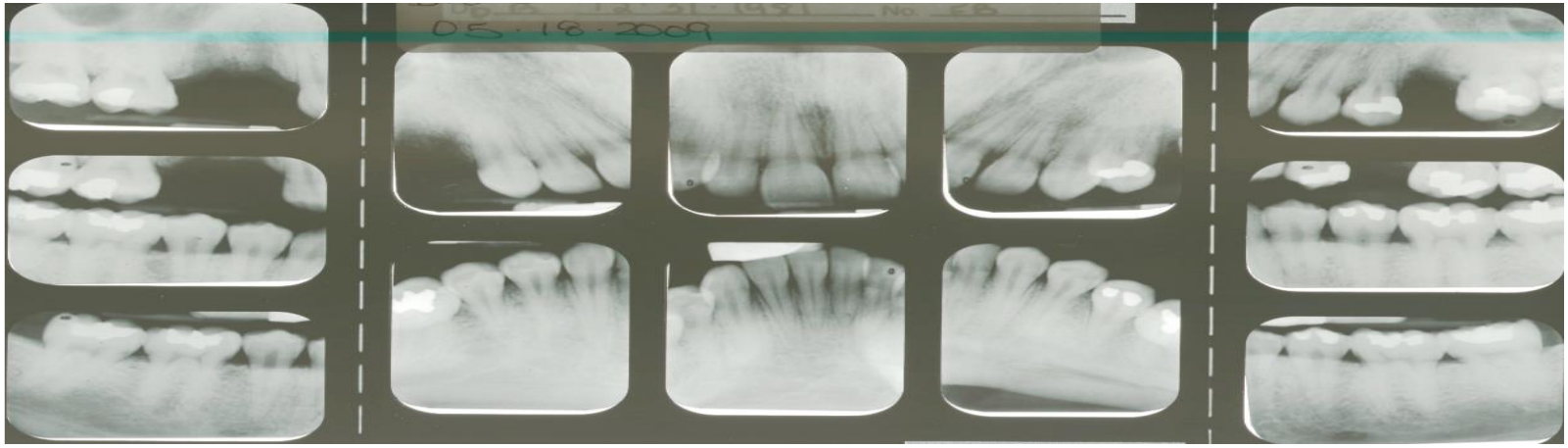
Documentation needed for pre-payment review or prior authorization:

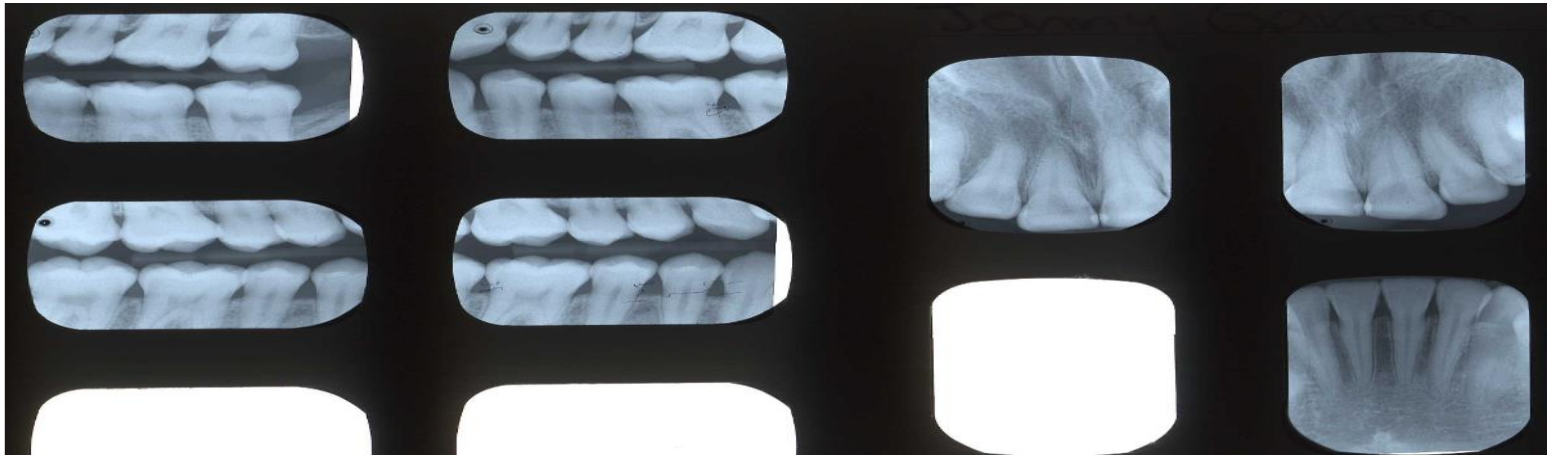
- Radiographs – periapicals or bitewings preferred.
- Complete periodontal charting with AAP case type.
- Treatment plan.

Clinical Criteria
Periodontics– Criteria Met

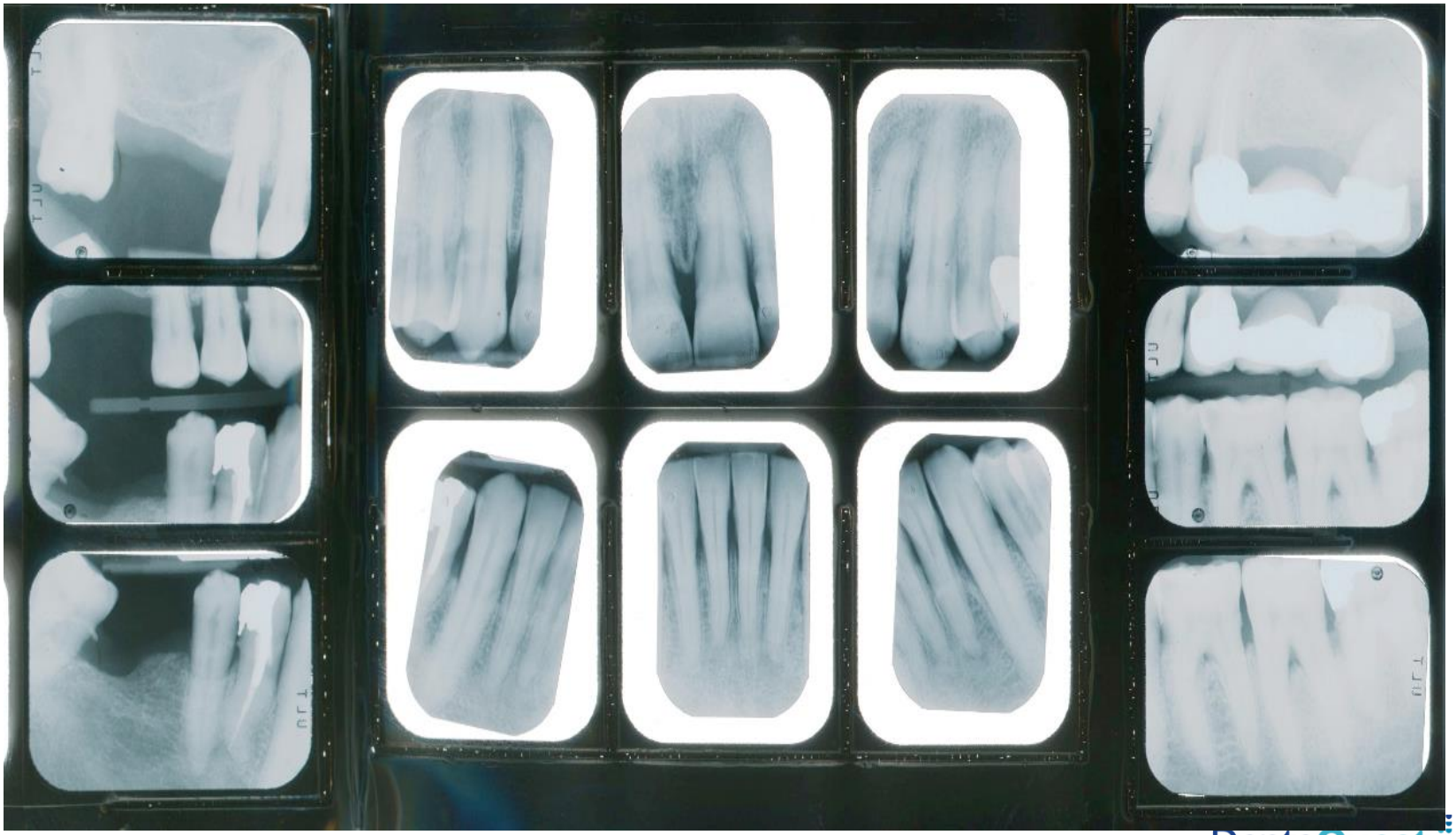
- A minimum of four teeth affected in the quadrant.
- Periodontal charting indicating abnormal pocket depths in multiple sites.
- Additionally, at least one of the following must be present:
  - Radiographic evidence of root surface calculus.
  - Radiographic evidence of moderate to severs loss of bone support.

Periodontal Scaling And Root Planning (D4341) – Denial Example





Periodontal Scaling And Root Planning (D4341) – Approval Example



ADMINISTRATIVE BEST PRACTICES

Administrative Best Practices

Narratives

A clear and comprehensive narrative is essential to ensure our dental directors understand the member's oral health.

Effective Narrative

- Tooth specific and describes member's symptoms.
- Notes if member is on antibiotics.
- Notes if member has been on pain killers for an extended period of time.
- Notes if age may be determining factor.
- Any symptom present that is not identifiable on X-rays (inflammation or pain beyond normal eruption).

Ineffective Narrative

- Doesn't describe a condition that meets clinical criteria for approval. Example below doesn't demonstrate teeth are symptomatic.
  - *Impacted 1,16,17,32. Request removal due to pain*
- A template or blanket statement that is used for every member.
- Recommending extraction for solely preventive reasons.

Administrative Best Practices

Submission of X-rays with Claims or Authorizations

- Radiographs must be mounted when there are 4 or more radiographs submitted at one time.
- If four (4) or more radiographs are submitted and not mounted, the submission will be denied.
- All radiographs, must be of good diagnostic quality, include member's full name, date films taken, and identify the member's left and right side.

Administrative Best Practices
Emergent Prior Authorization Submissions

- Authorization submissions should only be classified as an emergency when the requested treatment meets the emergency criteria as defined in the ORM.
- Authorization submissions should **NOT** be classified as an emergency when there are administrative errors. *i.e., member is scheduled for treatment the next day and authorization was not submitted timely.*
- Emergent authorization submission should include a definitive narrative and supportive documentation.

Administrative Best Practices
Claim Submission Contact Information

Claim Submission Address

DentaQuest Claims

PO Box 2906

Milwaukee, WI 53201-2906

Clearinghouse Claims Submission

Payor ID: CX014

DentaQuest Gov

Claims Questions

txclaims@dentaquest.com

DentaQuest Provider Services

Phone: 1.800.896.2374

Fax Numbers:

Claims/Payment Issues:
262.241.7379

Claims to be processed:
262.834.3589

Administrative Best Practices
Provider Appeals

- Provider must submit all appeals of denied claims and requests for adjustments on paid claims within one hundred and twenty (120) days from the date of disposition of the Explanation of Benefits (EOB) on which that claim appeared.
- Appeals can be submitted on the portal or mailed to:

DentaQuest TX HHSC Dental Services

Complaints and Grievances – Appeals

P.O. Box 2906

Milwaukee, WI 53201-2906

- Responses are sent within thirty (30) calendar days of receipt of the submitted appeal.

Administrative Best Practices
Credentialing and Recredentialing

- Credentialing and recredentialing applications must be completed in its entirety and submitted with the appropriate documentation.
- Incomplete credentialing submissions can result a delay with processing and/or denial.
- Claims are not eligible for reimbursement while credentialing is pending.
- A welcome letter is mailed to the service location(s) upon approval of credentialing.
- Network providers are recredentialed every 36 months in accordance with NCQA guidelines.
- Failure to comply with recredentialing will result in termination.

Aperture (CVO – Credentialing Verification Organization)

- Credentialing is processed by Aperture; a Credentialing Verification Organization (CVO) that performs Primary Source Verification (PSV) and other services on behalf of MCOs.
- Providers will only need to keep track of ONE re-credentialing due date for all dental plans.
- Providers will only have one Texas Credentialing Application to fill out for all plans versus three different applications. (Each dental plan will require an initial application for new providers).
- CAQH Practitioner Application Portal OR Texas Dental Credentialing Application is required for all initial and recredentialing submissions.

Administrative Best Practices
Provider Portal

- Portal Link: http://provideraccess.dentaquest.com
- View member eligibility, main dental home provider, member service history, benefit details (deductibles and maximums).
- Submit claims, prior authorizations and interim care transfers.
- View the status of submitted claims, prior authorizations and interim care transfers.
- View and print Explanations of Benefits (EOB).
- Generate a provider roster of all assigned members to your office.
- View and print fee schedules.
- Find participating dentists (FAD-Find a Dentist) .
- Secure site with claim and auth attachments capabilities


DentaQuest®