

# TEXAS MEDICAID & CHIP PROVIDER TRAINING

2025

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# WHAT DENTAQUEST OFFERS

# What DentaQuest Offers

## Web Portal Features

- Verify Member eligibility.
- Obtain member claim history.
- Quick and easy claim, authorization, and appeals entry (free of charge) .
- Upload attachments and x-rays free of charge.
- View status of claims and authorizations
- Review documents such as Office Reference Manual (ORM).
- View and print fee schedules.
- Notices are posted to the web portal for immediate distribution including regulatory updates, newsletters, meeting notices and contractual changes.

## Claims Processing

- Claims decisions made nearly instantaneously so claims and authorizations can be viewed much quicker on the portal -usually within 24 hours.

## Automated Phone System

- Ability to verify benefits and eligibility and obtain a procedure history.
- 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.

# PROVIDER RESPONSIBILITIES

# Out of Network Referrals

**Out of network referrals are covered only if:**

- The service is medically necessary, and the covered service is not available through an in-network provider.
- The existing (in-network) provider requests that the work be done by an OON provider (referral).
- Reimbursement for Medicaid OON providers is 95% of the fee-for-service rate in effect on the date-of-service unless a different reimbursement amount is agreed upon.

Please contact Provider Services for assistance in locating an in-network provider.

# PROGRAM INFORMATION

# Program Information

## Office Reference Manual

- Available on the DentaQuest Texas Provider website  
<https://dentaquest.com/texas/providers/provider-resources>

Includes information such as.....

- Main Dental Home
- Electronic Filing & Attachments Requirements
- Complaints & Appeals
- Member Rights and Cultural Sensitivity
- Clinical Criteria
- Forms (Direct Deposit, Continuation of Care etc.)
- Complete listing of dental benefits and periodicity

## Transportation is available for Medicaid members

- Non-emergency medical transportation is provided by the state's administered program.



# Value Added Services (VAS)

DentaQuest is offering value added services to Medicaid Members who receive qualifying services.

Medicaid members will receive information in their handbook, along with the instructions on how to receive the dental care kit and / or a \$10 Walmart gift card. Member is required to bring the value-added services form to your office. You will need to put your NPI number and sign the bottom of the form after the Member receives the qualifying services in your office.

Dental Care Kit	<p>Texas Medicaid enrollees of ages 20 and younger will receive a dental kit to promote oral health and encourage physical activity:</p> <ul style="list-style-type: none"><li>• Mouthguard</li><li>• Toothbrush</li><li>• Toothpaste</li><li>• Brushing chart</li><li>• Stickers for brushing chart</li></ul>	One pack per eligible Member, per lifetime	N/A
Walmart Gift Card	<p>Texas Medicaid enrollees of ages 20 and younger will receive \$10 Walmart gift card when they have seen their Main Dentist within 90 days of enrollment</p>	One pack per eligible Member, per lifetime	N/A

# Value Added Services (VAS)

DentaQuest, has added Silver Diamine Fluoride (SDF), as an extra benefit to Texas Medicaid and CHIP members as part of our value-added service offerings.

Silver Diamine Fluoride (SDF) provides a painless, non-invasive, efficient treatment for caries arrest, prevention and dental hypersensitivity.

- SDF is limited to ages 6 months – 6 years.
- The SDF Billing Code is CDT Code D1354.
- Administration of this benefit will be limited to 2 applications, per lifetime, with 30 days minimum separation between application dates.
- Specific details regarding SDF is available at <https://dentaquest.com/texas/providers/provider-resources/silver-diamine-fluoride> .

# Medically Necessary Covered Services

*Medically Necessary* is a service or benefit that is:

- Directly related to diagnostic, preventative, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;
- Consistent with currently accepted standards of good medical practice;
- The most cost-effective service that can be provided without sacrificing effectiveness or access to care; and
- Not primarily for the convenience of the consumer, family or provider.

Please refer to DentaQuest's Office reference Manual (ORM):

Exhibit A – Covered Benefits for Texas Medicaid

Exhibit B – Covered Benefits for Texas CHIP

# Texas Health Steps Benefits

Texas Health Steps is the Texas version of the Medicaid program known as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). Texas Health Steps dental services are mandated by Medicaid to provide for the early detection and treatment of dental health problems for Medicaid-eligible members who are from birth through 20 years of age.

Please reference the DentaQuest Office reference Manual (ORM) starting on Pg. 9.

For additional information, please refer to the Texas Medicaid Provider Procedures Manual (TMPPM).

## **Texas Health Steps dental services:**

Go to [www.tmhp.com](http://www.tmhp.com). Click on “Providers” at the top of the screen, then “Reference Material”

# Coordination of Care

DentaQuest is committed to ongoing coordination with Texas Medicaid and CHIP Dental Services providers and Members to ensure high quality dental care. We refer Members to contracted dentists for covered services and provide coordination of non-capitated services.

Coordination of care includes:

- Identifying providers of medically necessary dental services.
- Assisting Members in accessing medically necessary dental services.

DentaQuest is available for ongoing coordination with providers via our Provider Hotline, ongoing provider training, Provider Relations Representatives, and Case Management staff. Also, our Member Advocates are available to coordinate care with providers to ensure Members with special healthcare needs receive services.

# Non-Capitated Services

## Medicaid Services Not Covered by DentaQuest

The following Texas Medicaid programs and services are paid for by HHSC's claims administrator instead of DentaQuest. Medicaid Members can get these services from Texas Medicaid providers.

- Early Childhood Intervention (ECI) case management/service coord
- DSHS case management for Children and Pregnant Women;
- Texas School Health and Related Services (SHARS); and
- Health and Human Services Commission's Medical Transportation.

## Non-Capitated Services (cont'd)

Either the Member's medical plan or HHSC's claims administrator will pay for treatment and devices for craniofacial anomalies, and for emergency dental services that a Member gets in a hospital or ambulatory surgical center. This includes hospital, physician, and related medical services (e.g., anesthesia and drugs) for:

- Treatment of a dislocated jaw, traumatic damage to teeth, and removal of cysts;
- Treatment of oral abscess of tooth or gum origin; and
- Treatment of craniofacial anomalies.

If a Member is in need of assistance in coordinating any non-capitated services, a Member Advocate may be contacted to assist. Please contact our Member or Provider Service Line and request to be referred to a member advocate.

# Accelerated Services – Migrant Farmworker Children

Children of Migrant Farm workers due for a Texas Health Steps medical checkup can receive their periodic checkup on an accelerated basis prior to leaving the area. A checkup performed under this circumstance is an accelerated service but should be billed as a checkup.

Providers must include all appropriate procedure codes on the dental claim along with “Exception” & “FWC or Farm Worker Child” in Block 35, “Remark” field.

Performing a make-up exam for a late Texas Health Steps medical checkup previously missed under the periodicity schedule is not considered an exception to periodicity nor an accelerated service. It is considered a late checkup.



# Non-Emergency Medical Transportation (NEMT)

## What is NEMT?

- Non-Emergency Medical Transportation Program (NEMT) is an administered program that provides non-emergent medical transportation.
- For more information about offered transportation services, clients should contact their health plan or its transportation vendor at the phone number listed on the back of their card.

NEMT can help with rides to the doctor, dentist, hospital, drug store, and any other place you get Medicaid services.

## What services are offered by NEMT?

- Passes or tickets for transportation such as mass transit within and between cities or states, to include rail, bus, or commercial air
- Curb to curb service provided by taxi, wheelchair van, and other transportation vehicles.
- Meals and lodging allowance when treatment requires an overnight stay outside the county of residence

# Missed Appointments

Missed appointments for members can be logged in the Provider portal. DentaQuest will perform outreach and make every attempt to reschedule appointment.

A referral can also be made with Texas Health Steps Outreach unit using the form below:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/health-services-providers/thsteps/th-provider-outreach-referral-form.pdf>

# Missed Appointments – Missed Appointment Referral Form

**TEXAS HEALTH STEPS  
PROVIDER OUTREACH REFERRAL FORM  
FAX: 512-533-3867**

- Complete this form and submit by fax.
- Use only **ONE FORM PER HOUSEHOLD**, up to 2 patients.
- You will receive notification once your referral is processed.

**Provider Information** Date:

Provider/Clinic Name: <input style="width: 80%;" type="text"/>		Contact Name: <input style="width: 20%;" type="text"/>	
Office Address: <input style="width: 40%;" type="text"/>	City: <input style="width: 15%;" type="text"/>	County: <input style="width: 15%;" type="text"/>	Zip Code: <input style="width: 30%;" type="text"/>
Phone Number: <input style="width: 40%;" type="text"/>		Fax Number: <input style="width: 60%;" type="text"/>	
Provider Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Orthodontic <input type="checkbox"/> Case Management <input type="checkbox"/> Other: <input style="width: 20%;" type="text"/>			

**Parent/Guardian Information**

Parent/Guardian Name: <input style="width: 60%;" type="text"/>		Phone Number: <input style="width: 20%;" type="text"/>		Mobile Number: <input style="width: 20%;" type="text"/>	
Address: <input style="width: 40%;" type="text"/>		City: <input style="width: 15%;" type="text"/>	County: <input style="width: 15%;" type="text"/>	Zip Code: <input style="width: 30%;" type="text"/>	
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: <input style="width: 20%;" type="text"/>					

**Patient #1 Information**

Patient Name: <input style="width: 40%;" type="text"/>		Date of Birth: <input style="width: 15%;" type="text"/>		Medicaid ID: <input style="width: 25%;" type="text"/>	
Appointment Type: <input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input style="width: 20%;" type="text"/>					
Reason for referral (check all that apply)					
<input type="checkbox"/> Patient missed appointment, date: <input style="width: 20%;" type="text"/>		<input type="checkbox"/> Assistance needed scheduling appointment.			
<input type="checkbox"/> Follow-up appointment for additional lead testing.		<input type="checkbox"/> Provide updated patient address (Case Management Only)			
<input type="checkbox"/> Assist with transportation to appointment.		<input type="checkbox"/> Other, see comments.			
Comments: <input style="width: 90%;" type="text"/>					

**Outreach Services Results (SSU Use Only)**

<input type="checkbox"/> Appointment scheduled; date/time: <input style="width: 20%;" type="text"/>	<input type="checkbox"/> Patient provided education about appointment etiquette.
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.	<input type="checkbox"/> Other: <input style="width: 20%;" type="text"/>
Comments to Provider: <input style="width: 90%;" type="text"/>	

**Patient #2 Information**

Patient Name: <input style="width: 40%;" type="text"/>		Date of Birth: <input style="width: 15%;" type="text"/>		Medicaid ID: <input style="width: 25%;" type="text"/>	
Appointment Type: <input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input style="width: 20%;" type="text"/>					
Reason for referral (check all that apply)					
<input type="checkbox"/> Patient missed appointment, date: <input style="width: 20%;" type="text"/>		<input type="checkbox"/> Assistance needed scheduling appointment.			
<input type="checkbox"/> Follow-up appointment for additional lead testing.		<input type="checkbox"/> Provide updated patient address (Case Management Only)			
<input type="checkbox"/> Assist with transportation to appointment.		<input type="checkbox"/> Other, see comments.			
Comments: <input style="width: 90%;" type="text"/>					

**Outreach Services Results (SSU Use Only)**

<input type="checkbox"/> Appointment scheduled; date/time: <input style="width: 20%;" type="text"/>	<input type="checkbox"/> Patient provided education about appointment etiquette.
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.	<input type="checkbox"/> Other: <input style="width: 20%;" type="text"/>
Comments to Provider: <input style="width: 90%;" type="text"/>	

EP03-14040 02/2013



# Cost Sharing – (CHIP Members Only)

CHIP Members are subject to cost sharing and are charged co-pay for each non-preventive office visit (Medicaid Members are not required to pay a co-payment). DentaQuest will deduct the required co-pay from the claim payment. It is the responsibility of the provider to collect the co-pay from the member at the time of visit.

The CHIP Cost Sharing chart can be referenced on page 72 of DentaQuest's Office Reference Manual (ORM)

**Medicaid Members are not to be charged a co-payment for dental services.**

# Billing Members

Participating Providers shall hold Members, DentaQuest, and HHSC harmless for the payment of non-Covered Services except as provided in this paragraph. A provider may charge an eligible Medicaid/CHIP HHSC Dental Program Member for dental services which are non-covered services. These services must be identifiable by specific CDT code. A provider may bill a Member for non-Covered Services if the Provider obtains a written waiver from the Member prior to rendering such service that indicates:

- The services to be provided.
- DentaQuest and HHSC will not pay for or be liable for said services.
- Member will be financially liable for such services.

## Billing Members (cont'd)

Please note that prior authorization may be requested for non-covered services for eligible Medicaid Members under age 21. Documentation of medical necessity must be submitted with this request. This documentation may include radiographs, treatment plan, and/or a narrative from the provider.

Please use the Non-Covered Service Disclosure form located in the Appendix of DentaQuest Office Reference Manual (ORM)

# Fraud, Waste and Abuse

## Do you want to report Waste, Abuse, or Fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for Medicaid and CHIP services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use a Medicaid or CHIP Dental ID.
- Using someone else's Medicaid or CHIP Dental ID.
- Not telling the truth about the amount of money or resources he or she must get benefits.

# Fraud, Waste and Abuse (cont'd)

**To report waste, abuse, or fraud, choose one of the following:**

- Call the OIG Hotline at 1-800-436-6184 or
- Visit <https://oig.hhsc.state.tx.us/> Under the box labeled “I WANT TO” click “Report Waste, Abuse, and Fraud” to complete the online form.
- You can also report fraud directly to DentaQuest:

DentaQuest-TX HHSC Dental Services  
Attention: Utilization Review Department  
P.O. Box 2906  
Milwaukee, WI 53201-2906  
Toll-free at 1-800-237-9139

Providers may also send a fax to 262-241-7366



# Illegal Solicitation & Marketing

In accordance with the policies set-forth by the Texas Health and Human Services, Office of Inspector General (OIG), dental providers are prohibited from offering cash or gifts/items to Medicaid recipients, with the intent to influence their health care decisions and/or dental home assignment. Providers may not offer:

- Cash, cash equivalents or gift cards in any amount.
- Transportation unless it's properly arranged through the Medicaid Transportation Program.
- Free or discounted services for a family member.
- Providing goods or services of any value could be considered a violation, but that would typically not be the case for non-cash, low-cost items such as a toothbrush valued less than \$10.

The OIG may investigate improper solicitations/marketing.

Details regarding solicitations and marketing is located on the OIG's website.

[www.oig.hhsc.texas.gov](http://www.oig.hhsc.texas.gov) .

# Quality Assurance and Performance Improvement

DentaQuest currently administers a Quality Improvement Program modeled after National Committee for Quality Assurance (NCQA) standards. The NCQA standards are adhered to as practice guidelines to dental managed care. The Quality Improvement Program includes but is not limited to:

- Provider credentialing and re-credentialing.
- Member and Provider satisfaction surveys.
- Random Chart Audits.
- Complaint Monitoring and Trending.
- Peer Review Process.
- Utilization Management and practice patterns.
- Initial Site Reviews and Dental Record Reviews.
- Quarterly Quality Indicator tracking (i.e., complaint rate, appointment waiting time, access to care, etc.).

A copy of DentaQuest's Quality Improvement Program is available upon request by contacting DentaQuest's Customer Service department at 1-800-896-2374 or via e-mail at: [denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com)

# Behavior Management

DentaQuest maintains a Behavior Management program of ongoing monitoring efforts, specific quality and claim reviews, and other network management initiatives to ensure that its professional service providers deliver appropriate services within the standard of care and adhere to appropriate cost and efficiency standards as developed through applicable laws, regulations, contracts, policies, and procedures.

DentaQuest evaluates quality, cost, claims data, and provider behavioral patterns, by conducting monitoring, targeted reviews, and educational sessions.

Specifics regarding the Behavior Management program is available in the Office Reference Manual (ORM).

# Retaliation

DentaQuest will not retaliate against a Provider because the Provider has reasonably filed a complaint, on a Member's behalf, against DentaQuest. Retaliation includes cancellation of or refusal to renew a contract.

DentaQuest will not engage in retaliatory action, including refusal to renew or cancellation of coverage, against a group contract holder or Member because the group or Member or a person acting on behalf of the group or Member has filed a complaint against DentaQuest or appealed a decision of DentaQuest.

In addition, retaliation against anyone who reports compliance concerns in good faith is strictly prohibited.

# MAIN DENTAL HOME

# Main Dental Home

Texas defines a Main Dental Home (MDH) as the dental provider who supports an ongoing relationship with the client that includes all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a client's MDH begins no later than six (6) months of age and includes referrals to dental specialists when appropriate.

The MDH is a place where a child's oral health care is delivered in a complete, accessible and family-centered manner by a licensed dentist. This concept has been successfully employed by primary care physicians in developing a "Medical Home" for their patients, and the "Dental Home" concept mirrors the "Medical Home" for primary dental and oral health care. If expanded or specialty dental services are required, the dentist is not expected to deliver the services, but to coordinate the referral and to monitor the outcome.

## **Members have two (2) available options to change their MDH:**

- Web Entry – <https://dentaquest.com/texas/members/find-a-dentist>
  - Requested MDH changes are immediately completed.
- Phone – Medicaid Members (800) 516-0165 **OR** CHIP Members (800) 508-6775

***\*\*All main dental home changes must be initiated by the member's head of household. Main Dental Home requests submitted by someone other than the head of household, will not be honored.\*\****

# FIRST DENTAL HOME

# First Dental Home

Medicaid Members from six (6) through 35 months of age may be seen for dental checkups by a certified First Dental Home Initiative provider as frequently as every sixty (60) days if medically necessary.

Providers must be certified to be a Texas Health Steps Dentist. To become a First Dental Home Initiative Provider (Texas Health Steps), the dentist must complete either the online module or in-person training and submit registration information. The Texas Health Steps online First Dental Home Module is available at [www.txhealthsteps.com](http://www.txhealthsteps.com).

Only certified, participating First Dental Home Providers may bill a D0145 for a first dental home oral evaluation. The member is only allowed one of D0120 or D0150 in a six-month period. D1330, D1206, and D1208 will be denied when billed on the same date of service as D0145.

Effective 3/1/2025, First Dental Home (D0145) will no longer be reimbursed as a bundled code. Services provided as a First Dental Home Visit must be billed separately. First Dental Home services include:

- D0145: Oral evaluation for ages 6-35 months.
- D9994: Dental case management, when providing dental anticipatory guidance.
- D1120: Child's prophylaxis, if appropriate.
- D1206: Fluoride varnish application if appropriate.



# INTERIM CARE TRANSFER

# Interim Care Transfer

General and Pediatric dentists referring a member to another General or Pediatric dentist for treatment must submit an Interim Care Transfer (ICT) prior to the administration of treatment. The submission of the ICT allows for the member to receive treatment from another General or Pediatric dentist without changing their main dental home provider.

The main dental home provider submits the ICTs on the Provider Portal

<http://provideraccess.dentaquest.com>

The portal allows for both the main dental home provider and rendering provider, to view the status of the submitted ICT on the portal.

An ICT is **not** required for the following reasons:

- When referring the member to a specialist (Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, or Endodontist).
- When the member will be seen by a General or Pediatric dentist that practices at the same location where the member is currently assigned.

# **SAMPLE REMITTANCE ADVICE (EOB)**

# Sample Remittance Advice (EOB)

- Processing Policy (if applicable) are listed at the end at the end of each service line.
  - The full description of the Processing Policies are listed on the last page of ***Claim Detail*** section of the EOB.
- The submitted code and the paid code will be listed on the same service line.
- EOBs are available on the portal for viewing and/or printing.

DENTAQUEST SERVICES OF ARIZONA, LLC

EOB Date: 11/2/2009

Payee ID: 123\_456      Group #: 099      Payee Name: AMERICA KIDS Dental Care LLC

Patient Name: SMITH, JOHN  
 Subscriber/Member: 00000123456789  
 DOB: 11/08/1998  
 Office Reference No:

Provider Name: ABC HEALTHCARE  
 Provider/Loc NPI: 1770597627  
 Business NPI: 1770597627  
 Group: USA HEALTHCRE  
 Sub-Group: USA HEALTHCARE -Arizona Medicaid Children

Claim#: 200930335069800  
 Referral #:   
 Referral Date:

SUBMITTED				BILLED		ALLOWED		PAID		PAYABLE		PATIENT		OTHER		NET		PROCESSING	
ITM	CODE/TH/SUR	DESCRIPTION	DOS	POS	QTY	AMOUNT	QTY	AMOUNT	CODE	AMT	PAY	INSUR	AMT	INSUR	AMT	AMT		POLICIES	
1	D0220	PERIAPICAL XRAY	05/06/09	11	1	\$21.00	1	\$0.00	D0220	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			2118	
2	D0120	PERIODIC ORAL EXAM	05/06/09	11	1	\$40.00	1	\$0.00	D0120	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			2004,2016,2046	
3	D1120	CLEANING, CHILD	05/06/09	11	1	\$50.00	1	\$0.00	D1120	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			2016	
4	D1330	ORAL HYGEINE INSTRUC	05/06/09	11	1	\$50.00	1	\$0.00	D1330	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			2004,2016	
5	D1330	ORAL HYGEINE INSTRUC	10/14/09	11	1	\$50.00	1	\$0.00	D1330	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			2002	

2002 The claim and/or records indicate other coverage. Please provide the subscriber's name, date of birth, d effective ate, and name of the other carrier on this EOB and resubmit for processing.

2004 The Birthday Rule applies to dependent children. Resubmit this claim with the spouse's date of birth. If the spouse's birthday is earlier in the year than our subscriber's then also provide the payment denial of the primary plan.

2016 This procedure has been submitted after the timely filing limit.

2046 Service conflicts with previous service in patient's history.

2118 Service has been bundled to a more cost effective full mouth series

# ADMINISTRATIVE REMINDERS

# Administrative Reminders

- To ensure that your business, providers and networks are current, please immediately report changes/updates to your local Provider Partner.
- Submission of electronic claims is highly recommended via our Provider Web Portal or through a clearing house of your choosing.
  - Electronic Claims Payor Number – CX014
- Claims must be submitted on 2019 or later ADA approved claim forms.
- To ensure your claims are not returned to you, please be sure to:
  - Enter the appropriate NPI numbers in box #49 and #54.
  - Include the treating dentist signature in box #53. Acceptable signatures include: “Signature on file”, electronic name and typed names.
  - Indicate in box #4 if the member has other insurance. If box 4 is checked “No”, please skip boxes 5-11 leaving them blank.
  - Check the appropriate Place of Treatment in box #38.
  - If you are submitting an adjustment, void or resubmission of a claim, enter “adjustment”, “void” or “resubmission” in the remark field box #35.

## Direct Deposit

As a benefit to participating Providers, DentaQuest offers Direct Deposit for claims payments. This process improves payment turnaround times as funds are directly deposited into your banking account.

EFT enrollment forms are available in the Office Reference Manual (ORM).

# Administrative Reminders: Submission of X-Rays

- 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 patients left and right side.

## **Below are the options for submitting x-rays:**

- Electronically using either NEA (National Electronic Attachment) or the DentaQuest Provider Web Portal.
- Mail duplicate x-rays with your ADA form.
- Send original x-rays, your ADA form, and a self addressed stamped envelope (SASE) so that we may return the x-rays to you.
  - Radiographs received without a SASE will not be returned to the sender.

Refer to your Office Reference Manual to determine if the submission of x-rays is required.

# TEXAS PROVIDERS 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.

The screenshot shows the DentaQuest website header with the logo and navigation links: Members, Providers, Solutions, Who We Serve, About, News & Resources, a search icon, a 'Find a dentist' button, and a 'Login' button. The main content area is titled 'IMPORTANT DOCUMENTS AND LINKS' in large blue letters. Below this title is a subtitle: 'Additional documents, including Office Reference Manuals, can be found on the [Provider Web Portal](#).' A list of document links is displayed, each with a downward arrow icon on the right. The links are: 'TX HHSC Medicaid and CHIP Documents and Notices', 'TX HHSC Member Rights and Responsibilities', 'Texas Health Plan Office Reference Manuals' (which is highlighted with a blue border), 'Silver Diamine Fluoride', and 'Marketplace Resources'.

DentaQuest<sup>®</sup>  
a Sun Life company

Members Providers Solutions Who We Serve About News & Resources [Find a dentist](#) [Login](#)

## IMPORTANT DOCUMENTS AND LINKS

Additional documents, including Office Reference Manuals, can be found on the [Provider Web Portal](#).

- [TX HHSC Medicaid and CHIP Documents and Notices](#)
- [TX HHSC Member Rights and Responsibilities](#)
- [Texas Health Plan Office Reference Manuals](#)
- [Silver Diamine Fluoride](#)
- [Marketplace Resources](#)

# Texas Provider Microsite

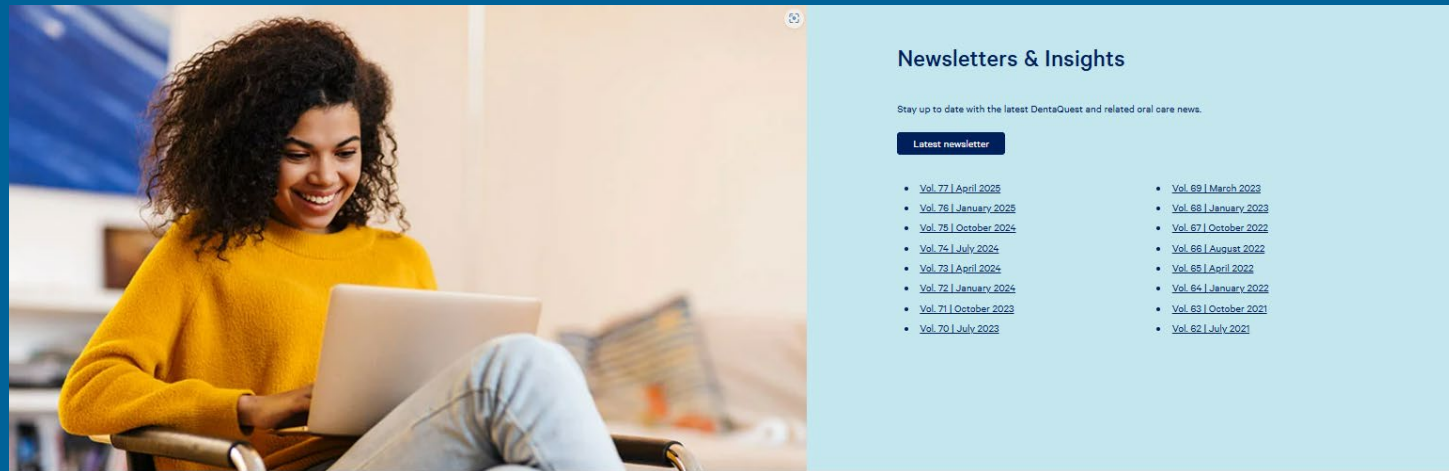
## Office Reference Manual

- 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 Newsletters

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

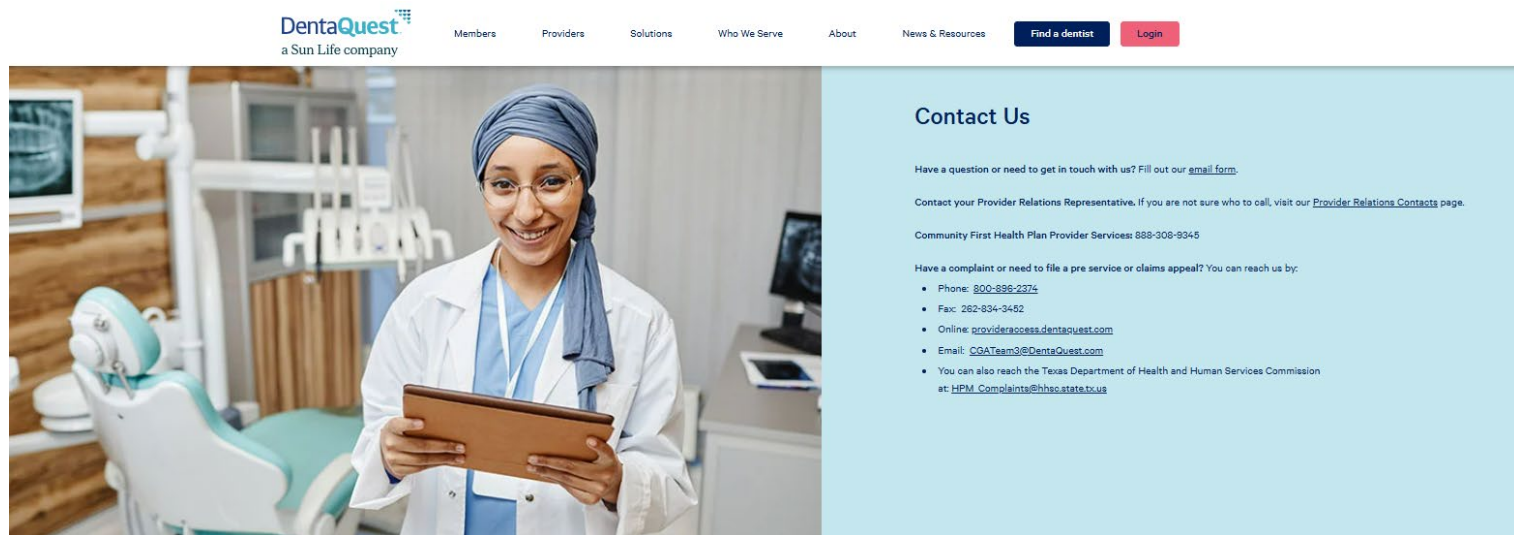


# Texas Provider Microsite

## 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.



# PROVIDER WEB PORTAL

# 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 and print fee schedules.
- 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.
- Find participating dentists (FAD-Find a Dentist) .
- Secure site with claim and auth attachments capabilities.

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