

Appeals Requests Via PWP

Tools

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[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

* Description:

*Required Fields

Appeals 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.

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:

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.