

PROVIDER ALERT

Subject: Important Updates to Dental Services Billing in Ambulatory Surgical Centers and Scheduled Outpatient Hospital Settings

Dear Healthcare Facility Administrator,

We are pleased to announce that DentaQuest has renewed its contract to administer dental services for Florida's Statewide Medicaid Managed Care (SMMC) program. This renewal brings significant changes that will affect your facility's operations, particularly regarding dental care reimbursement at Hospitals and Ambulatory Surgery Centers (ASCs). Please note healthcare providers should not cancel appointments with current patients.

Effective February 1, 2025, under the new contract terms, DentaQuest will be responsible for contracting with Hospitals and ASCs for dental care reimbursement. We will expand our reimbursement coverage to include dental services performed in ASCs and outpatient hospital settings, including:

- Services by local dentists with hospital privileges in ASCs
- Sedation dentistry services referred to outpatient facilities
- Facility payments
- Ancillary services
- Anesthesiologist services (MD, DO, APRN, CRNA)
- Medically necessary anesthesiology in office settings

Our reimbursement will cover services providing preventive, diagnostic, therapeutic, rehabilitative, or palliative care furnished by or under the direction of a dentist.

These changes will significantly impact your billing procedures. We strongly urge you to review this information carefully to ensure a smooth transition and to update your practices accordingly.

We are committed to keeping providers informed and addressing any questions that may arise. If you have any inquiries or concerns, please contact us via email at floridaproviders@dentaquest.com or call our Provider Services team at 1-877-468-5581.

Thank you for your continued partnership in providing quality dental care to Florida's Medicaid recipients.

Sincerely,

Vanessa Guerrero
Sr. Manager, Provider Partner
DentaQuest

FREQUENTLY ASKED QUESTIONS:

Q: How do I check member's eligibility:

A: Non-Participating Providers:

Access to eligibility information via the IVR line: To access the IVR, simply call DentaQuest's Provider Services Department at 1(877) 468-5581 and press 2 for eligibility.

Participating Providers:

You can easily verify member eligibility through the Provider Web Portal (PWP). Log onto www.DentaQuest.com and click on "Dentist". You can also verify member eligibility through the IVR system 24 hours a day, 7 days a week by calling 1-877-468-5581 and following the prompts.

Q: What happens if I have an enrollee in the middle of treatment or with an existing approved/authorized treatment plan?

A: DentaQuest has policies in place to ensure continuity of care. We will honor ongoing treatments or routine special appointments authorized prior to the enrollee's enrollment.

This applies to both in-network and out-of-network providers, and the continuation period is up to 120 days after the effective date of enrollment.

Q: How does DentaQuest plan to manage the reimbursement process for services rendered during the continuation of care period?

A: For the first 60 days, Providers/Facilities will be reimbursed at their previous rate unless an alternative rate is agreed upon.

For the following 60 days, DentaQuest will honor prior authorizations at the contracted DentaQuest rate.

Q: How do I inform DentaQuest about a new enrollee requiring ASC/Hospital treatment?

A: To notify DentaQuest about a new enrollee who needs Ambulatory Surgery Center (ASC) or Hospital treatment, the treating dentist should contact DentaQuest directly. Provider can submit via the provider portal, mail, or fax to Short Procedure Unit (SPU) for review of Operating Room (OR) cases.

Via fax: (262) 834-3575

Via mail: DentaQuest PO Box 2906 Milwaukee, WI 53201-2906.

Required information to submit for ASC/Hospital treatments:

- Enrollee's full name and ID number
- Treatment details and Treatment plan, completed UB04, CMS 1500, or ADA claim form (can serve as a treatment plan)
- Patient's dental record (including health history, teeth charting, existing oral conditions, diagnostic radiographs)
- Diagnostic radiographs or caries-detecting intra-oral photographs
- Narrative describing medical necessity for OR (Operating Room)

Q: What information is required when submitting an operating room case during the continuation of care period?

A: Treating dental provider must submit the pre-authorization previously received from the medical plan along with the UB-04 claim form or CMS-1500 claim form to Short Procedure Unit (SPU) for review of Operating Room (OR) cases.

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Q: What is required to ensure timely claim adjudication and payment of fees for Anesthesia Services completed in the OR by an Anesthesiologist, CRNA, or Anesthesiologist Assistant?

A: To ensure timely claim adjudication and payment of fees, please follow these requirements:

For Anesthesia Claims:

Anesthesiologist should submit claims utilizing CPT code 00170. Include the anesthesia log and report the total anesthesia time in minutes. It is important to note that for anesthesia claims, both the anesthesia log and the total time reported in minutes are crucial for ensuring timely payment. Failure to include this information may result in delays in processing and payment of your claim.

Q: What is required to ensure timely claim adjudication and payment of fees for a Facility?

A: To ensure timely claim adjudication and payment of fees, please follow these requirements:

For Ambulatory Surgical Centers (ASCs) and Hospitals (Facilities) claims:

Hospitals and ambulatory surgical centers should use HCPCS Code G0330 to be paid by DentaQuest Florida Medicaid plan. DentaQuest is implementing the use of G0330 to reimburse for outpatient services at 100% of the Florida Medicaid Enhanced Ambulatory Patient Grouping (EAPG) base rate, including any applicable provider policy adjustors [Hospital Outpatient Prospective Payment Reimbursement Methodology/ASC | Florida Agency for Health Care Administration](#). Please include print out of the EAPG payment associated with your facility.

The Centers for Medicare & Medicaid Services (CMS) created HCPCS Level II code G0330 to describe facility services for dental rehabilitation procedures provided to patients who require monitored anesthesia (general, intravenous sedation (monitored anesthesia care) and use of an operating room. This code is not for reporting the professional services of dentists and other dental professionals.

***For questions regarding the fee schedule or reimbursement methodology, please contact our Provider Engagement team at FloridaProviders@DentaQuest.com.**

Q: After the COC period ends, can non-participating providers treat your members, or need to be contracted?

A: After the Continuity of Care (COC) period ends, you would need to be contracted with our network to continue treating our members as an in-network provider. We encourage facilities to consider joining our network as soon as possible to ensure seamless care for patients and to maintain in-network status. Please contact our Provider Engagement department for information on how to become a contracted provider.

Q. How do we become contracted providers with DentaQuest?

A: To become a contracted provider with DentaQuest contact our local Network Management team at FloridaProviders@DentaQuest.com. We will provide information to complete the online application form with your practice information, credentials, and other required details.

Q: Who do I contact if my question is not listed in the FAQ?

A: If you cannot find the answer to your question in our FAQ, we're here to help!

Please reach out to Provider Engagement team using one of the following methods:

Email: FloridaProviders@DentaQuest.com.

Phone: 1-877-468-5581

Our dedicated support team will be happy to assist you with any questions or concerns not covered in the FAQ.