Frequently Asked Questions

The following information is based on feedback and most asked questions since our May 1st implementation. Please reach out to the provider engagement team with any questions:

GENERAL	
Who do I contact if I have any questions regarding the administration of OH Medicaid for CareSource?	Please email Ohproviderengagement@Dentaquest.com. Be sure to include your business TIN and county in the subject line.

CLAIMS	
I previously was receiving Rural Rates in my county; does this continue with DentaQuest?	If your office is in one of the counties listed below, you will be paid the Rural rate differential of 5% above standard Medicaid rates.
My claims are being paid with URBAN rates and I my office is in a RURAL County?	DentaQuest made an update on 9/17/20 as urban rates were not being paid correctly. All claims impacted were identified and reprocessed for dates of service prior to this update. Providers were paid the difference between the Ohio standard rates and the rural rates which was a 5% increase. All claims processed since the change have been processed correctly.
I am an Out of Network provider and it appears as though my reimbursement rate is paid less than the Ohio Medicaid Rates.	DentaQuest made an update on 9/10/20 as Out of Network providers should have been paid 100% of standard OH Medicaid. If you have claims that paid at 98% and never corrected, please send an email to: OHProviderEngagement@DentaQuest.com

OH RURAL COUNTIES

Adams	Erie	Jackson	Perry	Washington
Ashland	Fayette	Knox	Pike	Wayne
Ashtabula	Gallia	Logan	Preble	Williams
Athens	Guernsey	Marion	Putnam	Wyandot
Auglaize	Hancock	Meigs	Ross	
Champaign	Hardin	Mercer	Sandusky	
Clinton	Harrison	Monroe	Scioto	
Columbiana	Henry	Morgan	Seneca	
Coshocton	Highland	Muskingum	Shelby	
Crawford	Hocking	Noble	Tuscarawas	
Darke	Holmes	Ottawa	Van Wert	
Defiance	Huron	Paulding	Vinton	

CLINICAL/AUTHORIZATIONS	
Will DentaQuest use the same clinical criteria as CareSource (e.g., multiple surface restorations and composite vs. amalgam fillings)?	There are some differences with how these benefits are handled under DentaQuest. Refer to the Office Reference Manual (Section 14), which will help to standardize criteria between various plans.
What is the difference between a Prior Authorization and a Pre-Payment Review?	Please refer to the Office Reference Manual to determine if a Prior Authorization or Pre-Payment review is required for the services being requested. **Prior authorizations** are recommended for multiple procedures and are outlined in the plan benefit grids. Prior authorizations are required for all ortho codes and inpatient or outpatient treatment in any hospital or surgery center. All other services that say "yes" in the authorization column are subject to pre-payment review (Benefit table A). There are some CDT codes that do not require Prior Authorization but may require **Pre-Payment Review** such as codes D7220 and D7230. Some providers may refer to Pre-Payment Review as a Post Service Review. This review requires the provider to submit supporting documentation (i.e. pre-operative x ray(s) relative to the procedure for claims payment consideration. It is important to understand that documentation must support the charges billed. DentaQuest utilizes this best practice to ensure all providers are in alignment with billable services.
How does a provider submit a Prior Authorization?	Send the prior authorization through your clearinghouse to DentaQuest at Payor ID CX014; enter the prior authorization on DentaQuest' s Provider Web Portal at https://govservices.dentaquest.com/ ; or fax the request to 262.241.7150 For expedited requests where the patient's condition warrants immediate care (appointment scheduled immediately), please mark urgent or expedited on the prior authorization form in the notes section. In instances where there is no time for a prior authorization and the services are not ORTHO, or operating room services, please submit a claim with supporting documentation as outlined in the ORM.

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Does DentaQuest require a prior authorization for D7220 (removal of impacted tooth on the soft tissue) or 7230 (removal of impacted tooth partially bony)?	DentaQuest does *not* require a Prior Authorization for this code. However, DentaQuest does require a **Pre-Payment** review. A Pre-Payment review (or Post Service Review), requires the provider to submit supporting documentation (i.e. pre-operative x ray(s) relative to the procedure for claims payment. By requiring a prepayment review, this in no way delays any sort of member treatment. DentaQuest utilizes this best practice to ensure providers are in alignment with billable services. If providers want D7220/D7230 reviewed prior to services being rendered, they have the ability to submit these codes for a Prior Authorization. This is *not* a required authorization but is an option for those needing clinical support prior to services being rendered. Please remember that extractions of an asymptomatic tooth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion cause a shifting of existing dentition. Evidence of such will need to be provided during the Pre-Payment review process. Always refer to the Ohio Reference Manual for an outline of limitations, required documentation, etc.

TRAINING	
Where can I find a copy of the CareSource Implementation Training presentation?	You will find a pdf copy of the Ohio CareSource DentaQuest Provider Training for Ohio Medicaid, effective May 1, 2020 at the below site: http://www.dentaquest.com/state-plans/regions/ohio/dentist-page/
Will DentaQuest be offering additional trainings on the administering of CareSource plans in my office?	DentaQuest will continue to offer additional WEBEX trainings, please be on the lookout for future invites and RSVP as instructed on that provider notice. If you are unable to be present at one of our group trainings, your local representative will schedule a 1:1 training at your request. You can request from your designated Provider Representative or contact DentaQuest provider services.
Where can I find a copy of the Office Reference Manual?	Please find copies of the office reference manual (ORM) at one of these locations: http://www.dentaquest.com/state-plans/regions/ohio/dentist-page/ **OR** DentaQuest provider portal (related documents folder) Please do not print or download any ORMS, these documents are updated often, and you may be working of an outdated version.
How do I find out about claim administration and appeals processes?	Appeals can be submitted directly on the provider portal or by submitting an appeal to Caresource- please see the below link or last page of this document for the member consent form. https://www.caresource.com/documents/provider-consent-to-file-appeal-on-members-behalf-form-cs-p-0339/ In additional to the appeals process, offices may request a Peer to Peer discussion. A Peer to Peer request can be submitted through the DentaQuest provider portal or by contacting DentaQuest Provider Services at 855.394.8411
Do I need consent from the Member to file an appeal on their behalf?	Yes, consent from the member is required. You can either file an appeal on the provider portal or by paper. The process for member consent for appeals has not changed. Please go to the link below for the appeals form with Caresource: https://www.caresource.com/documents/provider-consent-to-file-appeal-on-members-behalf-form-cs-p-0339/

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CONSENT FOR PROVIDER TO FILE AN APPEAL ON PATIENT/MEMBER'S BEHALF

PROVIDER INFORMATION:

Provider Name:	Provider NPI:
Group Name:	Phone Number:
Address, City, State and ZIP:	

DESCRIPTION OF SERVICES TO BE APPEALED, INCLUDING DATES OF SERVICE*:

***Please be sure to also include all necessary clinical and other supporting documentation for the appeal.**

MEMBER INFORMATION AND CONSENT: I give consent for the provider listed above to file an appeal on my behalf with CareSource. This will be an appeal of the denial of health care services issued by CareSource that is described above. I have read this consent or have had it read to me and it has been explained to my satisfaction.

Member Name:	Member ID:	Date of Birth:
Address, City, State and ZIP:		Phone Number:
Member Signature:		Date:

CONSENT FROM A REPRESENTATIVE: The member listed above is unable to sign this consent form because of the reason(s) listed below, and I consent for the member:

If signed by someone other than the member/minor member's parent, you must provide a copy of the power of attorney or court document showing authority to act on the member's behalf, if you have not already done so. Please complete the following fields:

Representative Name:	Representative Phone Number:	Relationship to Member:
Representative Signature:		Date:
Witness Name:	Witness Signature:	Date:

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