TEXAS ROUNDUP

Program Updates for Texas Dentists

DentaQuest

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Texas Medicaid Claims Submission Update

DentaQuest reviews clinical criteria and standard of care practices on an ongoing basis. Effective 7/1/2024, DentaQuest will be making the following changes to review requirements to ensure the services are medically necessary for the member. Please review the required documentation to ensure that your claim and/or authorization submissions processes smoothly.

- Restorative Procedures
  - D2954 will require a final fill periapical x-ray with the claim submission.
- Adjunctive General Services
  - D9230 & D9951 will require a narrative of medical necessity with the claim submission.

You can find the complete list of covered services, benefit limitations, and required documentation in the plan's Office Reference Manual. A new version of the Office Reference Manual will be available on 7/1/2024. To ensure your office is referencing the has the most up to date information, we recommend always accessing the Office Reference Manual on the TX Provider Microsite (https://www.dentaquest.com/en/providers/texas).

Appeals vs Claim Resubmission

Appeal:

An appeal is a request to review an adverse benefit determination. Appeals should be submitted for the following:

- No additional information is being submitted for review on pre- authorization. Provider is asking for an additional review of initial submission. ***This must be appealed.***
- Claim denies and provider makes no changes to the initial claim, or the claim is **no longer considered timely**. Timely is **95 days** from the original date of service. Appeals can be submitted up to **120 days** from last denial date. ***This must be appealed***.

Example:

- Claim denies for medical necessity and provider does not have any additional information to add. The provider wishes to appeal the decision based on original submission.

An appeal will be processed within **30 calendar days** from the receipt date. A physical resolution letter will be mailed with the determination of the appeal. An appeal **should not be utilized** if a claim that is still timely or authorization is denied for missing information.

Resubmission:

A resubmission is a second claim or pre-authorization submitted with additional or corrected information. Claims should be resubmitted if within 95 days from the original date of service. A claim within **95 days** from the date of service should be resubmitted for the following:

- Claim changes such as revision of a code, adding missing information such as TID, x-rays, narrative, primary insurance…etc.
- Pre-authorization with additional information submitted or codes being added, changed, or deleted
- Please place keyword in Box 35 (remarks / comments) to identify the claim as a resubmission of the original.
- Suggested keywords: resubmission, re-submit, correction or corrected.

Example:

- Claim denies for missing caries risk assessment code and is still considered timely. Provider resubmits the claim and adds the appropriate caries risk assessment code. ***This should not be appealed.***

The resubmission process follows the normal process for claims adjudication and pre-authorization determination which is timelier and more efficient than the appeal process. This is an advantage to the provider as the 30-day appeal timeline is reduced considerably through the resubmission process. If you are unsure of when to appeal or resubmit, please contact your Regional Provider Partner with any questions.

Reminder: Electronic Explanation of Benefits (EOBs)

As part of our Go Green initiative we are pleased to announce paperless Explanation of Benefits (EOBs). Full EOBs are no longer mailed. In lieu of the full EOB, a summary page will be attached to the check. The full EOB can be accessed electronically from DentaQuest's Provider Portal. Not only is this eco-friendly, but it is a fast and convenient way to receive and view your EOBs. If you have not done so, please use the listed website address to create an account on the Provider Web Portal. The provider web portal offers a convenient and efficient way to view and print your EOBs as well as verify member's eligibility, submit claims and authorizations, verify benefits and much more, all in real-time 24 hours a day, seven days a week.

Provider Network & Directory Audit

DentaQuest would like to remind all providers that provider directory information must be updated when a change in your office is made. This includes, but is not limited to the following information:

• Provider joins/leaves practice
• Telephone and/or fax number
• Office hours
• Ages treated
• Languages spoken
• Handicap accessible (yes/no)
• Plan participation
• Accepting new patients' status

Failure to provide current information can result in termination from the DentaQuest network. If you have any questions regarding directory updates, please call your local Provider Relations Representative.

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Important Reminders

Provider Resource Documents	The following documents are listed on the Provider Resources tab on the Texas Provider microsite. • Office Reference Manuals (ORM) • Provider Training Schedule • Quarterly Newsletters https://dentaquest.com/texas/providers/provider-resources
Contact Your Regional Provider Partner	To locate the Provider Partner for your region, visit https://dentaquest.com/texas/providers/provider-resources/provider-relations-contacts
DentaQuest Holiday Closures	In honor of Independence Day and Labor Day, DentaQuest will be closed for the following days: • Thursday, July 4 • Monday, September 2