

## **DentaQuest of Georgia, LLC Provider Quick Reference Guide**

### **Provider Services**

800-516-0124  
12121 N. Corporate Parkway  
Mequon, WI 53092

### **Eligibility or Benefit Questions:**

800.516.0124  
Fax numbers:  
    Claims/payment issues: 262.241.7379  
    Claims to be processed: 262.834.3589  
    All other: 262.834.3450

Claims questions:

[denclaims@dentaquest.com](mailto:denclaims@dentaquest.com)

### **DentaQuest Customer Service/Member Services**

For Amerigroup Community Care members  
800.895.2218

### **Fraud Hotline**

800.237.9139

### **TTY/TDD**

Amerigroup 711 relay

### **Provider Claim Appeals should be sent to:**

Provider Claim Appeals  
12121 N. Corporate Parkway  
Mequon, WI 53092  
e-mail: [Providerclaimappeals@dentaquest.com](mailto:Providerclaimappeals@dentaquest.com)

### **Credentialing**

12121 N. Corporate Parkway  
Mequon, WI 53092  
Credentialing Hotline: 800.233.1468  
Fax: 262.241.4077

### **Authorizations should be sent to:**

DentaQuest of GA - Authorizations  
12121 N. Corporate Parkway  
Mequon, WI 53092

### **Paper Claims should be sent to:**

DentaQuest of GA-Claims  
12121 N. Corporate Parkway  
Mequon, WI 53092

### **Electronic authorizations should be sent:**

Via the web – [www.dentaquest.com](http://www.dentaquest.com)  
Via Clearinghouse  
DentaQuest  
12121 N. Corporate Parkway  
Mequon, WI 53092

### **Electronic Claims should be sent:**

Direct entry on the web – [www.dentaquest.com](http://www.dentaquest.com)  
Or,  
Via Clearinghouse – Payer ID CX014  
Include address on electronic claims –  
DentalQuest, LLC  
12121 N Corporate Parkway  
Mequon, WI 53092

*If you are having difficulty accessing either the IVR or website, please contact the Customer Service Department at 800.516.0124. They will be able to assist you in utilizing either system.*

### **Health Plan Facility Authorization**

Providers should submit services to be rendered in an outpatient setting to DentaQuest for pre-authorization. DentaQuest will determine the medical necessity of the request. If approved, DentaQuest will forward the request to the Plan for approval of the facility and anesthesia. Each Plan will send the approval for the facility and anesthesia, and DentaQuest will return the authorization determination letter for the professional services to be rendered. All facilities must be contracted with the Plan for consideration. Requests should be sent in writing to DentaQuest at:

**DentaQuest of GA –O.R. Authorizations**  
**P.O. Box 339**  
**Mequon, WI 53092**  
**Fax: 262-834-3575**

e-mail: [GAIVSedationRequests@dentaquest.com](mailto:GAIVSedationRequests@dentaquest.com) Or submitted online at [www.dentaquest.com](http://www.dentaquest.com)

### **Participating Hospitals**

Upon approval, Participating Providers are required to administer services at the Plan's participating hospitals when services are not able to be rendered in the office. Participating Hospitals may change. Please contact the Plan for current listing.

### **Specialist Referral Process**

A patient requiring a referral to a dental specialist can be referred directly to any specialist contracted with DentaQuest without authorization from DentaQuest. The dental specialist is responsible for obtaining prior authorization for services. If you are unfamiliar with the DentaQuest contracted specialty network or need assistance locating a certain specialty, please contact DentaQuest's Member Services Department at the telephone number.

### **Continuation of Care for Amerigroup Members**

DentaQuest has all current open authorization data for determinations made prior to July 1, 2016. All previously approved authorizations will be honored. There is a 90 day transition of care process place. In the event a previously approved authorization is not reflecting in the member's history, please submit a copy of the authorization approval form when sending in your claim for payment.

### **Payment for Non-Covered Services**

Participating Providers shall hold Members, DentaQuest, Plan and Agency harmless for the payment of non-Covered Services except as provided in this paragraph. If a member chooses to obtain Non-Covered Services in lieu of covered service, the provider may bill the member if the Provider obtains a written waiver from the Member prior to rendering such service that indicates:

- The services to be provided;
- DentaQuest, Plan and Agency will not pay for or be liable for said services; and
- Member will be financially liable for such services.

### **Filing Limits**

Georgia timely submission is 6 months from the month of service. Timely filing for COB is 180 days from the date of denial or payment of the primary carrier's EOB and no longer than 12 months from the month of service. Timely resubmission of a previously denied claim must be submitted within 6 months from the date the service was rendered or within 3 months of the date in which the denial occurred, whichever is later.

### **Coordination of Benefits**

When DentaQuest is the secondary insurance carrier, a copy of the primary carrier's Explanation of Benefits (EOB) must be submitted with the claim. For electronic claim submissions, the payment made by the primary carrier must be indicated in the appropriate COB field. When a primary carrier's payment meets or exceeds a provider's contracted rate or fee schedule, DentaQuest will consider the claim paid in full and no further payment will be made on the claim.

### **Dental Home**

Members have a medical and dental home to promote consistency and continuity of care. A primary dental provider must be selected or assigned for each member.

### **Primary Dentist Provider (PDP)**

A Primary Dental Provider is a licensed dentist who is the health care provider responsible for supervising and coordinating the initial and primary dental care to patients; for initiating referrals for specialty care; and for maintaining the continuity of patient care. As a PDP, your role will be to work with the Amerigroup Care Coordination Team and DentaQuest to provide a Dental Home for each member of this program and ensure they are receiving proper oral health care.

### **PDP Self-Selection**

All members have been encouraged to select a provider they wish to continue to visit as their PDP. Through the Amerigroup member materials, they will be directed to visit the DQ Member Web Portal to change or select a PCD. Members may also get assistance over the phone by calling the DentaQuest Member Services Call Center, and a representative will walk them through and assist them in selecting a PDP.

### **Georgia Families 360°**

Georgia Families 360° is the state's managed care program for about 25,000 children, youth, and young adults in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile justice system, launched on March 3, 2014.

There are three populations of members in Georgia Families 360°

- i. Those in the custody of the Department of Family and Children Services(DFCS)
- ii. Those who are overseen by the Department of Juvenile Justice (DJJ)
- iii. Those who receive Adoption Assistance (AA).

## Dental Benefit Summary

**NOTE: Please refer to benefit tables for benefits and limitations. A full listing of covered codes and benefit limitations is available upon request**

Medicaid Population	Benefits Included	Benefits Not Included
<b>Georgia Children's Medicaid PeachCare for Kids<sup>®</sup> Georgia Families 360<sup>°</sup> (Foster Care, Adoption Assistance and Juvenile Justice)</b>	<ul style="list-style-type: none"> <li>- Exam, fluoride treatments, and cleaning every six (6) months</li> <li>- X-rays</li> <li>- Sealants and Space Maintainers</li> <li>- Fillings, Root Canals &amp; Crowns</li> <li>- Scaling &amp; Root Planning</li> <li>- Dentures</li> <li>- Extractions</li> <li>- Medically Necessary Orthodontics</li> <li>- General anesthesia or intravenous/conscious sedation</li> </ul>	<ul style="list-style-type: none"> <li>- Cosmetic dental care</li> <li>- Experimental procedures</li> <li>- All services not listed as covered</li> </ul>
<b>Georgia Adult Medicaid</b>	<ul style="list-style-type: none"> <li>- Exam and cleaning every six (6) months</li> <li>- X-rays</li> <li>- Fillings</li> <li>- Extractions</li> </ul>	<ul style="list-style-type: none"> <li>- Cosmetic dental care</li> <li>- Orthodontia (Braces)</li> <li>- Experimental procedures</li> <li>- All services not listed as covered</li> </ul>
<b>Georgia Medicaid for Pregnant Women</b>	<ul style="list-style-type: none"> <li>- Exam and cleaning every six (6) months</li> <li>- X-rays</li> <li>- Fillings, Root Canals &amp; Crowns</li> <li>- Scaling &amp; Root Planning</li> <li>- Extractions</li> <li>- General anesthesia or intravenous/conscious sedation</li> </ul>	<ul style="list-style-type: none"> <li>- Cosmetic dental care</li> <li>- Orthodontia (Braces)</li> <li>- Experimental procedures</li> <li>- All services not listed as covered</li> </ul>
<b>Planning for Healthy Babies<sup>®</sup> - Interpregnancy Care</b>	<ul style="list-style-type: none"> <li>- Exam and cleaning every six (6) months</li> <li>- X-rays</li> </ul>	<ul style="list-style-type: none"> <li>- Cosmetic dental care</li> <li>- Orthodontia (Braces)</li> <li>- Experimental procedures</li> <li>- All services not listed as covered</li> </ul>