



# DentaQuest

**TEXAS** ROUNDUP  
PROGRAM UPDATES FOR OUR TEXAS DENTISTS  
VOL 49 | December 2016

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## Fraud, Waste and Abuse

### Do you want to report waste, abuse or fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care provider, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for Medicaid and CHIP services that weren't given or necessary
- Not telling the truth about a medical condition to get medical treatment
- Using someone else's Medicaid or CHIP Dental ID
- Letting someone else use a Medicaid or CHIP Dental ID
- Not telling the truth about the amount of money or resources he or she has to get benefits

### Testimonial

*We have been pleased with the services we've received from DentaQuest. They are genuinely interested in taking care of the patients' needs, as well as making sure the dentist office gets paid for the treatment they perform.*

*The web portal is easy to use, but in my opinion, one of the greatest things about working with DentaQuest is our representative, Briana Stukas! She is knowledgeable and quick to help...an easy go to. Keep up the good work and thanks to you and DentaQuest!*

**Kelly Black**  
**HOLLINGSWORTH & PILLANS DDS INC**  
**Corsicana, TX 75110**





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## X-ray Submissions

All radiographs and photos must be of diagnostic quality, properly mounted, and labeled with the following information prior to submission:

- Member's full name
- Date film was taken (MM/DD/YYYY)
- Identify patients left and right side

*All information must be legible to be considered for review.*

**Effective January 1, 2017**, any radiograph or photo that does not meet the above requirements will cause a claim submission or prior authorization request to deny with one of the following reasons.

### Missing label information on x-rays

The radiograph(s) received must be labeled. The Radiograph you have submitted is missing one or more of the following on each radiograph: member's full name, date film(s) taken (mm/dd/yyyy), and identify the patients left and right side. Please re-submit case with radiograph(s) properly labeled.

### Missing label information on photos – (Ortho, dentures, sealants, etc...)

The photo(s) received must be labeled. The photo you have submitted is missing one or more of the following on each photo: member's full name, date photo(s) taken (mm/dd/yyyy), and identify the patients left and right side. Please re-submit case with photo(s) properly labeled.

## Reminder – Mailing Address

Effective immediately, please use the following addresses for any communications sent to DentaQuest including but not limited to claims, authorizations, correspondence, as well as updating the address within practice management software systems.

Government Programs:

**DentaQuest**  
**PO Box 2906**  
**Milwaukee, WI 53201-2906**

Commercial Programs:

**DentaQuest**  
**PO Box 502**  
**Milwaukee, WI 53201-0502**





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## Claims Reminders – Billing / Rendering

DentaQuest would like to remind all providers that claims adjudication for payment requires that accurate claims information is submitted. This includes, but is not limited to the Billing Dentist / Dental Entity and Treating Dentist / Treatment Location fields. Please refer to the information below to ensure you are submitting the correct information in the correct fields. Submitting incorrect Billing and Treating information will cause claims to deny.

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)			TREATING DENTIST AND TREATMENT LOCATION INFORMATION	
48. Name, Address, City, State, Zip Code			53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.  X _____ Signed (Treating Dentist) Date	
49. NPI	50. License Number	51. SSN or TIN	54. NPI	55. License Number
52. Phone Number ( ) -			56. Address, City, State, Zip Code	56a. Provider Specialty Code
52a. Additional Provider ID			57. Phone Number ( ) -	58. Additional Provider ID

### Billing Dentist or Dental Entity

- **Box 48** – This should match what is submitted on the W-9. The address must be the billing location address and not treatment location address
- **Box 49** – This must be the **Billing NPI**
  - **Group** – If the group has a service office / subpart NPI, that is the NPI that should be used
  - If no service office / subpart, the business NPI must be used
  - **Non-Group** – Depending on business set-up, this may be a Business NPI or Provider NPI.
- **Box 51** – This must be the SSN or TIN as reported on the W-9 for tax purposes

### Treating Dentist and Treatment Location Information

- **Box 53** – Information is for the provider that renders service(s) (treating provider)
- **Box 54** – The reported NPI must be for the provider who renders service(s)
- **Box 55** – The reported license number must be for the provider who renders service(s)
- **Box 56** – The provider specialty code is the taxonomy code for the provider who render(s) services. If the provider has multiple taxonomy codes, the one reported must be appropriate for the services that are rendered

