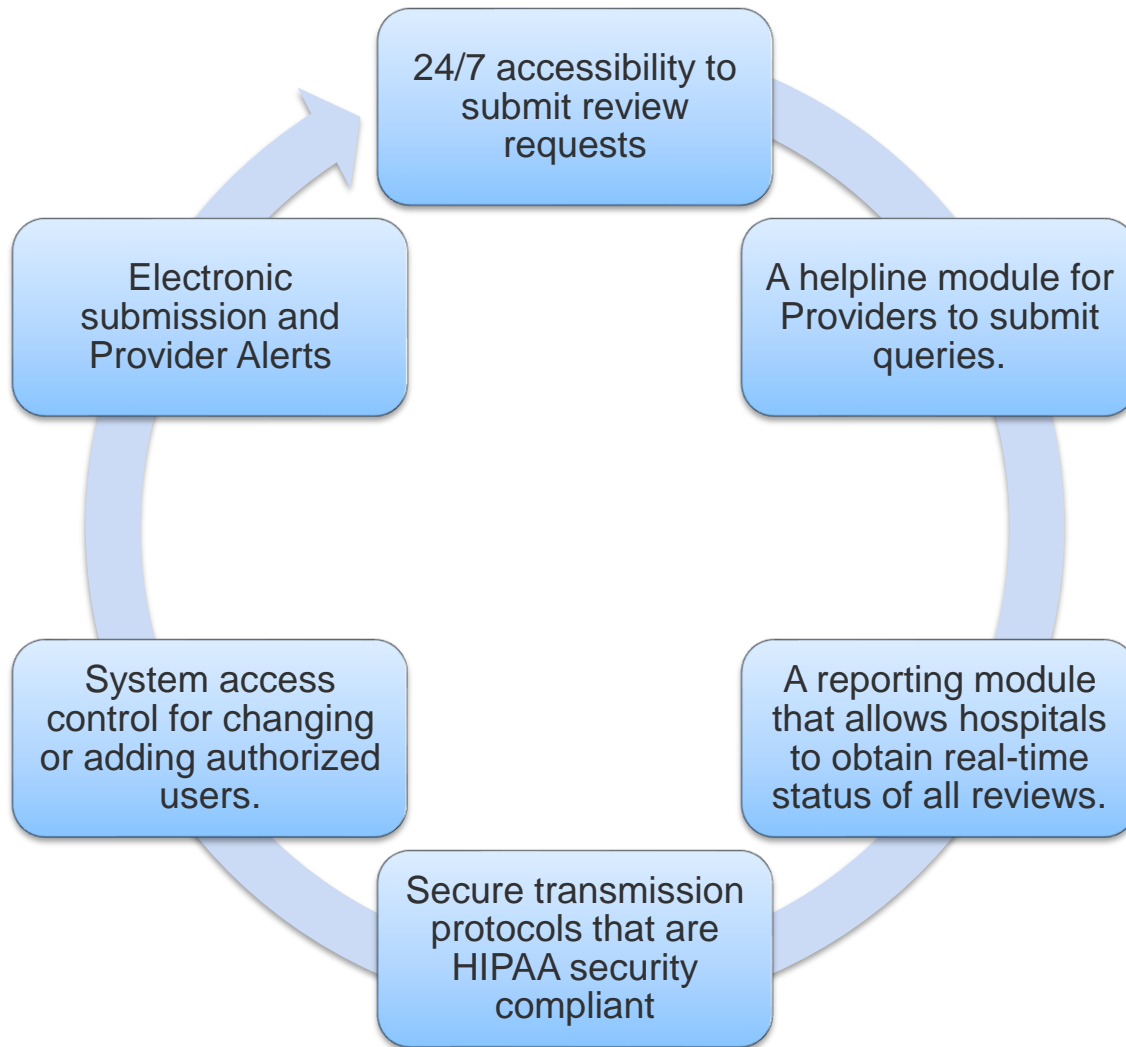


Dental Services

2018

Overview of eQsuite®



Who can access eQsuite

New Users:

You will need to complete and submit an access form.

(Once received and entered you will receive an email confirmation with your user name and password)

System Administrator:

- ✓ The person assigned will be responsible keeping all user accounts updated. *(Email address/phone numbers etc.)*
- ✓ You will have the ability to create additional User Accounts.
- ✓ Keeping all users informed of any updates or notifications sent from eQHealth.



Dental Request for eQSuite® Access

All information must be complete for processing

NOTICE: It is important to notify us immediately when contacts change to ensure effective and timely communications. Check here if this is a request for a change in previously submitted contact information.

Return Completed and Signed Forms
 Attention: Provider Outreach
 Fax: 855-440-3747
 Email: provideroutreach@eqhs.org

Provider Name:			
Mailing Address:			
Provider Medicaid Number:	Provider Type:	NPI:	

Handwritten forms cannot be accepted

Contact Type	Contact Name (First & last name)	Email Address (required)	Telephone Number
System Administrator			

FORM MUST BE SIGNED BY THE ADMINISTRATOR OR CEO

 Administrator or CEO (PLEASE PRINT NAME & TITLE)

Signature: _____
 Date: _____

Prior Authorization



The recipient must be eligible at the time services are rendered. Reminder to check Medicaid Eligibility, prior to requesting authorization for services.

Adults (Over age 21): Partial Dentures

Children (Under age 21): Orthodontics, Periodontal, & Partial Dentures



You can find the list of codes that require prior authorization on our provider website fl.eqhs.org

Outpatient Physician Dental Procedures:

[Outpatient Physician Procedure Codes](#)

Orthodontics, Prosthodontics and Periodontal:

[Dental Codes](#)



Authorization Date Spans:

Outpatient Physician Dental Procedures: 120 Days

Orthodontics: 1,095 Days (3 years)

Prosthodontics/Periodontal: 365 days (1 year)

Exempt from review

Recipients who are:

- ❖ Members of a Medicaid HMO
- ❖ Members of a Medicaid Provider Service Network (PSN)
- ❖ Pre-paid Dental Plan enrolled
- ❖ Children's Medical Services
- ❖ Emergency services to alleviate pain or infections
- ❖ Extractions and restorative services

Supporting Documentation

Service Type	REQUIRED
Orthodontics	<ul style="list-style-type: none"> •Dental Radiographs/ photographs/ images •Initial Assessment form (IAF)* •Additional supporting documentation (optional) <p style="color: red; margin-top: 10px;">* *The initial Assessment Form is not required when the recipient is transferring to a new provider.</p>
Prosthodontics	<p>•Providers should only request a replacement when the existing dentures have been covered by Medicaid. If they were obtained by any other provider they have to submit as a new request. Also, include the date of the initial set</p>
Extension of Services	<ul style="list-style-type: none"> •Current radiographs/photographs/images – showing progress to date •Additional supporting documentation (optional)
Outpatient Physician Dental Procedures	<ul style="list-style-type: none"> •Current medical records (within the past 6 months) •Treating physician referral to specialty provider •Radiographs, MRI, laboratory results •High Quality colored photographs •Diagnostic studies •Medical clearance letter •Oral and Maxillofacial surgery-Prior dental records & treatment records as applicable <p style="color: red; margin-top: 10px;">**Please make sure all supporting documentation is, complete, legible and appropriately signed and dated.</p>

Review Status Determinations

- **PEND** Additional information is being requested
- **1st Level Review** The review is currently being reviewed
- **2nd Level Review** If medical necessity cannot be made at 1st level review gets referred to a physician reviewer
- **Technical Denial** Non compliance or inconsistency with an Agency administrative policy review
- **Denial** Partial and full denials are based on medical necessity and ONLY done by 2nd level physician reviewer according to Florida law
- **Cancel** Duplicate request, No Medicaid Eligibility, requested items not entered correctly.

Partial and full denials have Reconsideration (Recon) and Fair Hearing rights. Recipients or their parent/legal guardian need to be aware of this Due Process. There are time limitations for requests which are outlined in the denial letters.

PENDS and Modifications

Pended Reviews

Please make sure to review the pend completely. There may be more than one item that is being requested from the reviewer, failure to respond to the entire request will result in additional pend. This delays the review and delays the recipient getting service.

Modifications

Please provide an explanation for the change. You can document this information in the Clinical Summary tab.

Note: You can only make a modification through eQSuite if the case was already approved. If you need to make a change to a case that was submitted and is still at 1st level you will need to call and cancel the case and resubmit with the corrections

Periodontal Requests

At this time for Codes D4240 D4241 must be entered under the “Orthodontics” tab.

The screenshot shows a web application interface for entering a review. At the top, there is a navigation bar with links: Create New Review, Home Visits, Utilities, Reports, Search, Attachments, Letters, and Update. Below this is a section titled 'Review Entry'. Underneath, there is a 'Review Header Information' section containing fields for Provider # (000181800), Provider Name, Recipient ID, Recipient Name, Admit Age (88), Current Age (88), Admit DT (5/30/2018), and Review ID (4219). Below the header is a tabbed interface with buttons for 'Start', 'DX CODES/ITEMS', 'ASSESSMENT', 'OTHER INFO', and 'SUMMARY'. A paragraph of legal text follows, mentioning the American Dental Association (ADA) and its trademarks. The 'Review Type and Settings' section contains several input fields: 'Provider ID' (000181800), 'Provider Name', 'Choose Service' (with radio buttons for 'Physician Procedures' and 'Dental', where 'Dental' is selected), 'Specify Type' (with radio buttons for 'Prosthodontics(Partial)' and 'Orthodontics', where 'Orthodontics' is selected and circled in black), 'Review Type' (a dropdown menu set to 'Admission'), 'eQHealth Case #', and 'PA#'. The 'Orthodontics' radio button is circled in black to highlight the selection.

Outpatient Dental Procedures

If you are requesting authorization for a Outpatient Dental Procedure you must select the service type as “Physician Procedures”. You can watch the provider training via the following link:

[Provider Training for Outpatient Physician Procedures](#)

Create New Review **Home Visits** **Utilities** **Reports** **Search** **Attachments** **Letters** **Update**

Review Entry

Review Header Information

Provider #: 000181800 Provider Name: [REDACTED]
Recipient ID: [REDACTED] Recipient Name: [REDACTED] Admit Age: 88 Current Age: 88 Admit DT: 5/30/2018 Review ID: 421

Start **DX CODES/ITEMS** **ASSESSMENT** **OTHER INFO** **SUMMARY**

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Review Type and Settings

Provider ID: Provider Name:

Choose Service: **Physician Procedures** Dental

Specify Type: Prosthodontics(Partials) Orthodontics

Review Type: eQHealth Case #: PA#:

Request Submission & Review Completion Timeframes

Services	Review Completion Timeframes	Referred to Physician Reviewer
Prior Auth- Orthodontics, Periodontal and Prosthodontics	1 st Level – 3 business days	2 nd Level-2 additional business days
Prior Auth- Outpatient Surgery, Oral and Maxillofacial Surgery	1 st Level-2 business Days	2 nd Level-3 additional business days
Modification (Orthodontics only) As soon as the need is identified and prior to the provision of additional services and prior to the expiration of the current auth period.	1 st Level-3 business days	2 nd level–2 additional business days
Retrospective Within 12 months of the eligibility determination date	1 st Level-within 20 business days	2 nd level-20 additional business days

LIVE DEMONSTRATION

eQHealth Resources

Phone: 855-444-3747

Fax: 855-440-3747

(General inquiries/questions)

Provider Website:

FL.EQHS.ORG

(Provider Forms/Education and Training Material)

Provider Outreach Email:

PR@EQHS.ORG

(Provider Education/Training Assistance)