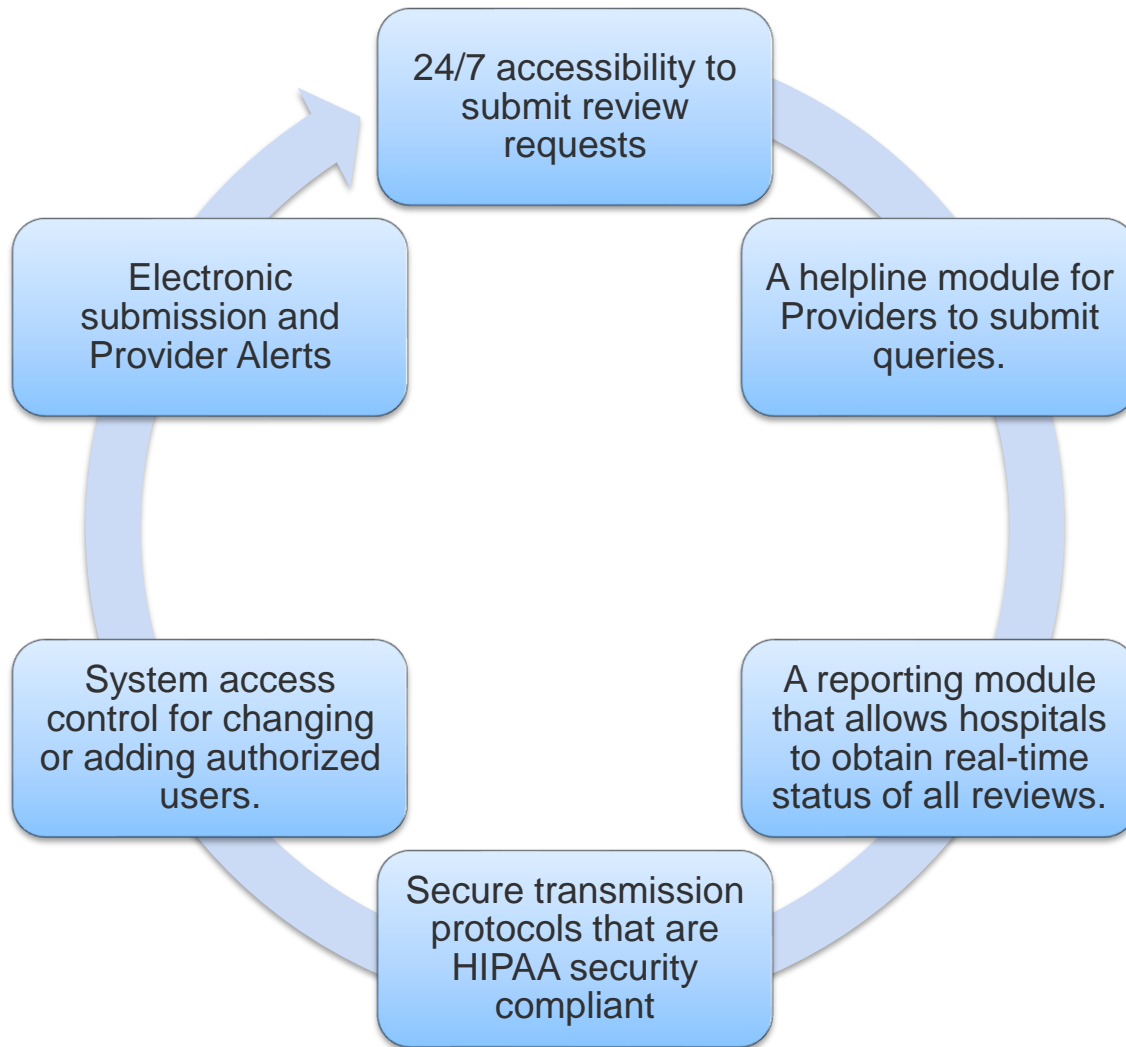


Dental Services

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: _____

TABS & Functions in eQsuite

- ❖ **Create New Review:** To start a new authorization request.
- ❖ **Respond to Additional Info:** If your review gets pended for additional information you can respond to that request.
- ❖ **Respond to Denial:** If you receive a denial you can respond to that determination
- ❖ **Online Helpline:** You can submit general inquiries/questions
- ❖ **Utilities:** Ability to cancel a case or use the date calculator
- ❖ **Reports:** Run available reports specific to your provider type
- ❖ **Search:** You can check the status of a review or see all partially saved cases
- ❖ **Attachments:** Upload required supporting documentation
- ❖ **Letters:** View or print your authorization/denial letters
- ❖ **Update my profile:** Update your password or contact information
- ❖ **User Administration:** Add new user accounts or make changes to existing accounts.
(Note: only the system Administrators will have this tab)

Authorization Requirements

Prior Authorization does NOT apply

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

Prior Authorization applies

Recipients must be:

- Enrolled in a Medicaid benefit program that covers the service requested:
 - ✓ Fee for service
 - ✓ Medically Needy
 - ✓ Waiver Recipients
- Eligible at the time services are rendered.

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

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

New Codes requiring a PA Recipients under the age of 20

- **D4240**
Gingival flap procedure (four or more contiguous teeth)
- **D4241**
Gingival flap procedure (one to three contiguous teeth)
- **D7880**
Occlusal Orthotic Device
- **D7881**
Occlusal Orthotic device adjustment
- **D8680**
Orthodontic retention (removal of appliances, construction and placement of retainer)

Effective Feb 2017

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 tabs for Start, DX CODES/ITEMS, ASSESSMENT, OTHER INFO, and SUMMARY. A paragraph of text regarding ADA trademarks is present. The 'Review Type and Settings' section contains several fields: Provider ID (000181800), Provider Name, Choose Service (with 'Dental' selected), Specify Type (with 'Orthodontics' selected and circled in red), Review Type (Admission), eQHealth Case #, and PA#.

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: 4219

Start DX CODES/ITEMS ASSESSMENT OTHER INFO SUMMARY

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Review Type and Settings

Provider ID: 000181800 Provider Name: [REDACTED]

Choose Service: Physician Procedures Dental

Specify Type: Prosthodontics(Partials) Orthodontics

Review Type: Admission eQHealth Case #: [REDACTED] PA#: [REDACTED]

Outpatient Physician Procedures

If you are requesting a Multispecialty request that requires prior authorization you must select the service type as “Physician Procedures”. You can find the list of outpatient codes that require prior authorization on our provider website. FL.EQHS.ORG

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

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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#:

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>* The initial Assessment Form is not required when the recipient is transferring to a new provider</p>
Extension of Services	<ul style="list-style-type: none"> •Current radiographs/photographs/images – showing progress to date •Additional supporting documentation (optional)
Physician 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

Important Reminders



Authorization is required for:

Adults (over age 21)

- Partial dentures

Children (up to age 21)

- Orthodontic treatment
- Partial dentures (fixed and removable)



Prosthodontics: You can request up to 120 day

Periodontal: You can request up to 120

Orthodontics: You can request 1090 days



Submit only when specifically requested

Orthodontic: Dental Molds

Prosthodontics (Partials) : Dental radiographs, photographs or images.

Important Reminders



You can find the list of codes that require prior authorization for Outpatient Dental Physician procedures on our website FL.EQHS.ORG



Please make sure all supporting documentation is, complete, legible and appropriately signed and dated



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

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)