



## EPSDT Medical Provider Billing Instructions – Topical Fluoride Varnish

Effective for dates of services on and after July 1, 2009, EPSDT Medical Providers (physicians and nurse practitioners) who successfully complete a State-approved fluoride varnish training program and participate in the Maryland Medical Assistance Program may provide Fluoride Varnish services (D1206) for recipients age 9 months through 3 years. In order to receive reimbursement for these services, a dental claim for CDT code D1206 must be submitted to DentaQuest. Instructions for billing are as follows:

- Using the internet, access the DentaQuest secure website at [www.dentaquestgov.com](http://www.dentaquestgov.com).
  - Click on the “Providers” button to continue.
  - Select “Maryland” from the drop down list.
  - To access Provider Web Portal (PWP), click “Provider Web Portal (PWP)”.
  - Type your **User Name** and **Password** and click on the **Log In** button.
  
- If you are not a registered user, click on the link “Not a registered user” and complete the following information in the User Registration window.
  - **Location ID:** Enter your unique location identifier provided to you on your provider welcome letter from DentaQuest. If you did not receive your welcome letter from DentaQuest, contact Customer Support at 1.888.696.9598 to obtain your Location ID.
  - **Location Name:** Enter your location name. A partial location name may be entered.
  - **City:** Enter the city for your location.
  - **State:** Enter the 2 character state abbreviation for your location.
  - **ZIP:** Enter the 5 digit ZIP code for your location.
  - **Email Address:** Enter an email address for the new user (optional).
  - Click **Continue** after completing the required fields.
  - Create a User Name and Password
    - **User Name:** Any name that the user would like to select. The username must be at least 4 characters; it can be numbers, letters or a combination of both.
    - **Password:** Any name that the user would like to select. The password must be at least 8 characters and contain a minimum of 2 non-alpha characters. Passwords are case sensitive.
    - **Retype Password:** Retype your password to verify what you entered in the password field.
  - Click **Continue** after completing the User Registration information. If registration is successful, you will receive a message that states “Successfully Registered New User”.
  - Type your **User Name** and **Password** and click on the **Log In** button.

### To Verify Patient Eligibility

- From the Main Menu; **Check Member Eligibility**.
- **Basic Information** entry fields:
  - **Location** name displays the logged in user’s location.
  - **Provider:** Select a provider. All providers for the logged in user’s location are listed.
  - **Service Date:** Enter an estimate service date. You may select a date from an interactive calendar by clicking on the calendar icon next to the field (required).
- **Member Information** entry fields:
  - **Member DOB:** Enter the member’s date of birth (required).
  - **Subscriber ID:** Enter the member’s complete recipient ID – OR –
  - **Last Name:** Enter the member’s complete last name. A partial last name will result in the member not being found.
  - **First Name:** Enter the member’s first name. A partial first name may be entered.
- When all required fields are complete, click the **Verify Eligibility** button to view member’s status.

- Eligible Members - The information will include; subscriber number, name, address, insurer and product. Eligible members have the option of limited member history.
- Non Eligible Members – Member is not eligible for selected date of service.
- Non-Members – Member could not be found. Verify that you typed the information correctly based on what you have been provided or contact Customer Service.

### **To Submit Claims**

- From the Main Menu; **Enter Dental Claims**.
- **Basic Information** entry fields:
  - **Service Date** is automatically populated with the current date, but it can be changed if needed.
  - **Location** name displays the logged in user's location.
  - **Provider:** Select a provider. All providers for the logged in user's location are listed.
  - **POS:** Select a place of service
  - **Group NPI:** If a group NPI is required for the office, the group NPI will automatically be displayed.
- **Member Information** entry fields:
  - **Member DOB:** Enter the member's date of birth (required).
  - **Subscriber ID:** Enter the member's complete recipient ID – OR –
  - **Last Name:** Enter the member's complete last name. A partial last name will result in the member not being found.
  - **First Name:** Enter the member's first name. A partial first name may be entered.
- **Optional Fields:**
  - **Office Ref #:** Enter an office reference number (if available).
  - **Referral #:** Enter a referral number (if available).
  - **Notes:** Enter any notes for claim entry.
- When all required fields are complete, click the **Enter Service Lines** button to continue claims submission.
- Procedure Code: Enter code D1206 for Topical Fluoride Varnish.
- Billed Amount: Enter \$24.92
- Once complete, click on the **Submit Claim** button.
- To submit additional claims; return to the Main Menu by choosing **Claim Entry** from the menu on the right of the screen. When all claims for the day are submitted, view the claim entry report.
- From the Main Menu; **View claim entry report**.
  - This feature allows you to review claims that were submitted using the Provider Portal.
  - From the Claim Entry Confirmation Report page; choose **Report Sort Order** by **Entered Date**.
  - Save or print a copy of this report for your records.

### **Please note:**

Slashes must be used for DOS and Tab key must be used to navigate from one line to another.

To obtain additional assistance on member eligibility, claims or the DentaQuest website, contact DentaQuest Customer Service at 1.888.696.9598. Customer Service is available from Monday - Friday 7:30 AM – 6:00 PM.