

Frequently Asked Questions for Processing Dental Claims

When does Cyrca Dental take over processing claims?

Cyrca Dental will begin processing claims for dental services for service dates on and after September 1, 2007. Any claims for services rendered prior to September 1, 2007 should be filed with ACS.

ACS and Cyrca Dental are working together to transition approved prior authorizations and claims. If you have received an approval for a prior authorization for services scheduled to be performed on or after September 1, 2007, there is no need to resubmit the prior authorization request to Cyrca Dental. ACS will transfer the prior authorization to Cyrca Dental. You will still need to submit your claim for the service to Cyrca Dental. For a limited time, ACS and Cyrca Dental will exchange claims filed with the wrong fiscal agent. However, after some transition time, this process will cease and if the claim is submitted to the wrong fiscal agent, the claim will be returned unprocessed.

How do I verify that a patient is eligible for services?

The Med-QUEST Division is responsible to determine eligibility for the Medicaid and QUEST Programs, and informs Cyrca Dental who is eligible on a daily basis.

All of the existing eligibility verification systems will continue to be available. Cyrca Dental will also be able to verify eligibility for dental providers. The following systems are available to providers:

- Automated Voice Response System (AVRS) at 1-800-882-4608 (24 hours/7 days per week)
- Medicaid On-line: <https://hiweb.statemedicaid.us> (24 hours/7 days per week)
- Med-QUEST Division Customer Service Section: (Mon-Fri 7:45 am – 4:30 pm)
 - Oahu: 524-3370
 - Neighbor Island: 1-800-316-8005
- Cyrca Dental: 1-800-460-3443 (Mon-Fri 7:45 am – 5:00 pm)

With the exception of Cyrca Dental, please remember that all of the above systems only verify Medicaid/QUEST eligibility. You must contact Cyrca Dental to determine whether the adult recipient has exceeded the benefit limits or has any benefits remaining.

How do I know whether an adult patient has reached his/her dental limits?

Adult (21 years or older) dental benefits are limited. Refer to ACS M06-20 for a more in-depth explanation of the benefits implemented effective December 1, 2006. The preventive and restorative adult dental benefits are limited to \$500 per benefit year and the denture benefits are limited to \$1,000 per benefit year (a benefit year is July 1 through June 30).

Dental benefits for individuals less than age 21 are afforded a wider array of preventive and restorative services and do not have dollar amount limits. Refer to the Medicaid Provider

Manual, Chapter 14 - Dental Services, for a more detailed discussion on the EPSDT benefits for children and youth.

Prior to performing any preventive, restorative or denture work on an adult, a dentist may contact Cyrca Dental to determine the benefit amount a recipient has available to use. Please contact Cyrca Dental at:

1-800-460-3443

For HIPAA privacy purposes, please be prepared to verify your information and the recipient information. You will need to be ready to provide the recipient's name (First and Last), date of birth, or the recipient's Medicaid ID number.

The Cyrca Dental Customer Service Representative will be able to tell you how much of the benefit remains for the recipient when you call. The Cyrca Dental Representative will also be able to provide you with the Medicaid reimbursement rate for the specific procedure code, if requested. You may also find the general fee schedule on the Cyrca Dental website. If you register as a user on cyrca dental.com, you may also access a recipient's benefit limit.

Be aware that claims are processed on a first in, first out real time basis so that the benefit amount could change if a claim from another provider is adjudicated after the benefit amount information has been provided to you and before you file your claim. Thus, although the State allows one year from the date of service for the filing of a claim, it is important that you submit your claim as quickly as possible.

If I call Cyrca Dental to find out how much of the adult benefit remains, can I be guaranteed payment?

If you tell the Customer Service Representative the specific code(s) that you will be using and the date(s) that you will be performing the service(s), Cyrca Dental can reserve the code(s) and reimbursement(s) for you for up to 30 days from the date(s) you provide the information. You need to contact Cyrca Dental if the services cannot be done by you during the date range you specified. If the recipient does not show up for their appointment and is rescheduled, you will need to call Cyrca Dental to request an additional 30 day extension to reserve the code and amount. If you do not utilize the service within the allotted time, the benefit amount that you had reserved will end and you will not be guaranteed payment for those specific services.

If you register as a user on cyrca dental.com, you will be able to reserve the code(s) and funds on your own without having to contact a Cyrca Dental Representative.

I lost my Provider Manual. How do I get a new one? (I'm only interested in the Dental Chapter.)

Chapter 14 Dental Services has been revised and is attached. If you need or want another copy, you may find the new version on both ACS' and Cyrca Dental's websites. If you need another hard copy, contact the Cyrca Dental Customer Service Center at 1-800-460-3443.

How do I know whether a service requires prior authorization? If needed, what is required for submittal?

Refer to the Coverage Table for the procedure codes requiring prior authorization. Prior authorization requests are submitted using the Cyrca Dental Prior Authorization form (form and instructions attached). Refer to the cyrca dental.com website to download the form. Or, you may receive a form by contacting the Cyrca Dental office at 1-800-460-3443. Please complete the form and send it to the Cyrca Dental Office. You may fax a prior authorization request to **1-877-444-4662** if it does not require an X-Ray to be attached.

Some prior authorization requests require X-Rays. If so, please send the X-Rays with the completed prior authorization form to the Cyrca Dental office. Do not separate a prior authorization request from the required X-Rays because Cyrca Dental staff will not be able to “match” the X-Rays to the form. More specifically, do not fax the prior authorization request and mail the X-Rays.

Cyrca Dental will provide a decision to approve, deny or pend for more information within 30 days. All prior authorization decisions will be faxed back to the dental office. If the Cyrca Dental Consultant requests further information and none is provided within the established timetable, the prior authorization request will be denied. If the prior authorization is denied, the dentist as well as the recipient, will receive a written notice.

What if I never received word on my prior authorization request?

If you have not received any information on your prior authorization request within 30 days of submittal, contact Cyrca Dental at 1-800-460-3443. The Customer Service Representative will be able to look up the prior authorization request and provide you information on the status. You may also review the status of your prior authorization request via cyrca dental.com.

How can I file a claim?

Cyrca Dental has three methods in which a claim can be filed:

- Mail your claim to the Cyrca Dental office located at:
1440 Kapiolani Boulevard, Suite 1503
Honolulu, Hawaii 96814
- Fax your claim to the Cyrca Dental office at **1-877-444-4662** (the hard copy claim does not need to be sent in after it has been faxed)
- Use the web-based claims filing system. In order for you to use the web-based filing system you must first register and receive a logon number and password. To get information on how to sign up, call Cyrca Dental at **1-800-460-3443**.

Cyrca Dental will accept the ADA Form 1999 (Version 2000), the ADA Form 2002, and the ADA Form 2006.

Note: You must file a hard copy claim if your claim has an attachment.

Some claims require the diagnosis code 525.9 for emergency services. Where do I put that diagnosis?

The diagnosis 525.9 is required if the service provided was for an adult emergency. If the diagnosis code is on the claim, then the service will be paid if it is a covered code. In some instances, the same code is also a preventive benefit. If the diagnosis code 525.9 is on the claim, then the service will NOT count toward the preventive benefit.

Place the diagnosis code 525.9 in FL block 58 on the ADA 1999, version 2000 claim. For the 2002, 2004 ADA form and the 2006 ADA form, write the description, "Emergency Services 525.9" in box 35. Remarks.

Some claims require the quadrant and there is no space on the claim forms to write the quadrant number.

When a quadrant is required, the quadrant (abbreviated by UR, UL, LR, LL) is placed in the "tooth or tooth number" box rather than a tooth number/letter. Enter the quadrant in the "Tooth" box on the ADA 1999 v. 2000 form, and in box 27. Tooth number(s) or Letter(s) on 2002, 2004 ADA and 2006 ADA forms.

How do I file a claim with an attachment (e.g. X-Rays)?

There are only a few codes that require X-Rays to be submitted with claims. Those codes can be identified by reviewing the attached Coverage Table. The Coverage Table is also posted on the Cyrca Dental website. If you are submitting a claim with X-Rays, the claim must be mailed to the Cyrca Dental office and cannot be submitted electronically (facsimile, HIPAA transaction or web-based claims filing system). The original X-rays will be returned to your office with a copy of the claim within one month of date of receipt.

If you send a claim without the required X-Ray attached, the claim will be denied. If you send an X-Ray without either the claim or prior authorization, the X-Ray will be returned to your office without processing.

What dental claim forms does Cyrca Dental accept?

Cyrca Dental will accept and process the dental claim forms: ADA 1999, ADA 2000, and ADA 2006. Eventually, the older versions will be phased out as all dental providers convert to the NPI. You may use any of the methods described previously to file your claims.

What is the NPI number and where do I get it?

Each provider of health services is required to register and receive a National Provider I.D. number (NPI) from the federal Centers for Medicare and Medicaid Services (CMS). Even though the required deadline for receiving your NPI was May 23, 2007, Cyrca Dental will accept and process claims from dentists using their Medicaid Provider I.D.s. We encourage you to obtain your NPI as soon as possible. Information on how to obtain your NPI can be found at the CMS website: www.cms.hhs.gov/NationalProvIdentStand, by applying on-line at <https://nppes.cms.hhs.gov> or by calling CMS at 1-800-465-3203 to have an application mailed to you.

What if my claim is denied and I think it should be paid?

First, read the remittance advice for the denial reason. A claim may be denied if the individual is not eligible, a procedure code is not covered, a procedure code requires a prior authorization, or the benefit limit has been reached. If you believe the claim was denied in error, contact the Cyrca Dental Customer Service Center and explain the situation. The Customer Service Representative will be able to review your claim and will address your concern with the appropriate Cyrca Dental staff. If, after you receive determination on your claim, you wish to appeal the decision to the Cyrca Dental peer review panel, please contact the Customer Service Center. The Customer Service Representative will be able to provide you with the necessary information over the telephone to request a reconsideration by the peer review panel.

Who do I call for assistance with a client?

Cyrca Dental has contracted with Community Case Management Corporation (CCMC) to continue with the same type of assistance currently available to Medicaid/QUEST recipients and dentists. CCMC will help recipients find a dentist and help dentists, by working with recipients, to keep their appointments. Dentists who need to refer their patients to specialists can call CCMC to help coordinate those visits. CCMC can also arrange for inter-island transportation and translation services, if needed.

To contact CCMC:

Oahu - 792-1070
Neighbor Islands - 1-888-792-1062

You may also visit the MQD website at www.med-quest.us to find out more information on how CCMC can assist dentists.

How do I contact the Dental Consultant?

Cyrca Dental has a Dental Consultant who will review and make determinations on prior authorization requests and will review X-Rays to determine payment on claims. The Dental Consultant is also available to discuss dental issues or situations that may arise. You may contact the Dental Consultant by calling 1-800-460-3443.

I need to change my mailing address. Where do I call?

All provider changes including physical location, mailing address, telephone and facsimile numbers, and Tax I.D. number changes are processed by the Med-QUEST Division. Contact MQD Provider Relations at 692-8099 or visit the Med-QUEST Division website, <http://med-quest.us> to obtain the appropriate forms. Even if you notify Cyrca Dental of the address change, Cyrca Dental will refer your change to MQD as MQD has the responsibility for maintaining provider records.

To avoid the potential problem of the check being sent to the wrong address or getting lost in the mail, we strongly urge you to consider receiving electronic payment for paid claims into your bank account. You will receive payment much quicker by using ACH than by a paper check

through the mail. You can also choose to use ACH for payments but receive the remittance advice in the mail. Contact Cyrca Dental at **1-800-460-3443** to get more information.

I am having trouble with the web-based claim filing system. Who do I call?

The Cyrca Dental Help Desk operates 7 days per week, 24 hours per day. Contact the Help Desk at **1-800-510-0225** and explain your problem.

I want to receive my payments electronically. What do I do to set it up?

Contact Cyrca Dental at **1-800-460-3443** and tell the Customer Service Representative that you would like to receive payments via ACH transfer. You will then receive a simple document via email or fax to provide us with your bank information. After receiving verification on your bank account, you will begin to receive all future claim reimbursements via ACH.

How do I check on the payment status of my submitted dental claim?

If after 10 business days you still have not received payment on your submitted dental claim(s) you may call the Cyrca Dental Customer Service Center at **1-800-460-3443** to check on the status of your payment. Our representative will gather information on the particular claim(s) you are inquiring about and you will receive an answer within 24 hours. You may also receive status on your claim via cyrcadental.com.

What do I do if I have lost my claim payment check from Cyrca Dental?

If you received payment from Cyrca Dental for dental claims but have lost the check, you will need to contact the Cyrca Dental Customer Service Center at **1-800-460-3443**. Our representative will need the Medicaid ID# and Recipient Name, Date of Service, Amount Submitted, Provider Tax ID#, and the Claim ID#. The Customer Service Representative will need to verify that the check was not cashed. Once the verification is complete and the check is voided, a new check will be produced and promptly mailed to your office.

What do I do if I have lost or never received my year end 1099 form from Cyrca Dental?

If by January 31st of the given year you have not received, or at any date you have lost your 1099, call the Cyrca Dental Customer Service Center at **1-800-460-3443**. The representative will verify your practice information and will promptly mail you a replacement 1099.

Contact Numbers

Cyrca Dental

1440 Kapiolani Boulevard, Suite 1503
Honolulu, Hawaii 96814

Office Hours: 7:45 a.m. – 5:00 p.m.
Monday through Friday, except State Holidays

Recipient verification:	<ul style="list-style-type: none"> • Automated Voice Response System (AVRS) at 1-800-882-4608 • Medicaid On-line: https://hiweb.statemedicaid.us • Med-QUEST Division Customer Service Section: <ul style="list-style-type: none"> • Oahu: 524-3370 • Neighbor Island: 1-800-316-8005 • Cyrca Dental: 1-800-460-3443
Claims filing questions:	Cyrca Dental: 1-800-460-3443 https://cyrcadental.com
Available balance of ADULT dental benefits:	Cyrca Dental: 1-800-460-3443 https://cyrcadental.com
Prior Authorization:	Cyrca Dental: 1-800-460-3443 Fax: 1-877-444-4662 (without X-Rays)
Claim questions/information:	Cyrca Dental: 1-800-460-3443 https://cyrcadental.com
Case management/coordination:	CCMC: Oahu - 792-1070 Neighbor Islands - 1-888-792-1062
Translation/Transportation/Meals/Lodging:	CCMC: Oahu - 792-1070 Neighbor Islands - 1-888-792-1062
Electronic Claims Filing	Cyrca Dental: 1-800-460-3443
Payment Status, lost checks, reissuance, ACH	Cyrca Dental: 1-800-460-3443

