

Humana Healthy Horizons® in Kentucky Medicaid Quick Reference Guide

DentaQuest Provider Services Monday – Friday	
DentaQuest Provider Services	1-800-508-6787
Credentialing Hotline	1-800-233-1468
Access IVR System	1-888-291-3766
Fax Numbers	
Claims to be processed	1-262-834-3589
All other issues/concerns	1-262-834-3450
DentaQuest Member Services	
Member Services	1-844-583-6155
Medical Customer Service	
TTY 711	1-800-444-9137

Mailing Address
DentaQuest ATTN: "Insert department name from list below" P.O. Box 2906 Milwaukee, WI 53201-2906
Departments: <ul style="list-style-type: none"> • Authorizations: ATTN: Humana Healthy Horizons in KY Medicaid Authorizations • Claims: ATTN: Humana Healthy Horizons in KY Medicaid Claims • Credentialing: ATTN: Initial Provider Enrollment • Appeals: ATTN: Humana Healthy Horizons in KY Provider Appeals
Send certified & overnight mail only to: DentaQuest, LLC 11100 W. Liberty Drive Milwaukee, WI 53204

Web (E) Resources	
DentaQuest (Web Portal): Kentucky Dental Providers DentaQuest First time users must register at: providers.dentaquest.com/onboarding/start/ Website features: *Verify member benefits and eligibility *View patient history *Check benefit maximum status *Submit claims and view status *View payment status – view checks and remittance advices issued to your payee *View location information and edit your profile *View office reference manuals *View Quick Reference card *App Central User Guide	
Credentialing	Submitting Provider Changes
<ul style="list-style-type: none"> ▪ Online Enrollment via App Central or ▪ Submit your existing CAQH application along with attestation, Provider Agreement, W-9, Disclosure Statement, & EFT sign up or waiver To enroll visit: Dentist Enrollment Form DentaQuest *Send NEW enrollment documents to: Email: credenrollment@greatdentalplans.com **Send missing documents for initial & recredentialing to: Email: credenrollment@greatdentalplans.com Cred Dept Fax : 262-241-7401	Submit all changes to Standard Updates Use Provider Change Form located in ORM & web portal DentaQuest Standard Updates Form <ul style="list-style-type: none"> ▪ Email form to StandardUpdates@greatdentalplans.com ▪ Fax form to number: 1-262-241-4077 ▪ Mailing address: DentaQuest ATTN: Standard Updates PO Box 2906 Milwaukee, WI 53201-2906
Covered Benefits & Program Information	Claim Submission
Refer to the Office Reference Manual (ORM) Available on: Provider Web Portal providers.dentaquest.com/onboarding/start/	<ul style="list-style-type: none"> ▪ Electronic via DentaQuest's web portal ▪ Electronic via clearinghouse (Payor ID CX014) ▪ Paper claims mailed to: PO Box 2906 Milwaukee, WI 53201-2906 Timely filing limit: within 365 days of the date of service or paid date of service from primary insurance plan (EOB required with claim)

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For Complete Benefit Tables see Office Reference Manual (Located in Provider Portal)

Coverage for enrollees younger than 21 includes:

- <<1 set of standard X-rays every 12 months for all enrollees
- 2 cleanings every 12 months
- Fluoride treatments
- Medically necessary diagnostic and treatment services
- Preventive care, like oral health screenings for all enrollees
- Restorative care, like fillings
- Sealants, if enrollee is at risk for tooth decay

Coverage for enrollees 21 and older includes:

- 1 cleaning every 12 months PLUS 1 additional cleaning every 12 months
- 1 set of standard X-rays every 12 months
- Dentures, implants, and root canals
- Preventive care, like oral health screenings
- Restorative care, like fillings and crowns>>