



Providers – FAQs

Q: How do I join the network?

A: We can forward DenteMax's contact information to you, and you can reach out to them regarding joining the network.

Q: How do I leave the network?

A: We can forward DenteMax's contact information to you, and you can reach out to them regarding leaving the network.

Q: I need to update my information. How do I do that?

A: We can forward DenteMax's contact information to you, and you can reach out to them regarding updating or changing information.

Q: What is the payor ID?

A: DPLAN

Q: What is the claims address?

A: PO BOX 2548, Detroit, MI 48202

Q: What fee schedule is this paid on?

A: For in-network providers, payment is based on the DenteMax Fee Schedule. For out-of-network providers, payment is based on the member's plan benefits up to our maximum allowable amount.

Q: Do I need to send x-rays with my claim?

A: X-rays are not required for regular claims.

Q: How can I check the status of a claim?

A: We can send you a Claim Status Form, or we can check up to three over the phone.

Q: Why was this claim denied?

A: Denial codes are available on the EOB that will provide the reason for the denial.

Q: I'm not in the network, why did you pay in-network fees?

A: DenteMax records show you're currently in the DenteMax network, so you are paid on the DenteMax fee schedule.

Q: Is this a PPO?

A: Yes, we are a DenteMax PPO Network.

Q: What is the group number?

A: Group Numbers are available on the member's I.D. Card or on their Benefits Summary.

Q: Can I do all 4 quads of scaling in a day?

A: Yes

Q: Can I bill scaling and prophylaxis on the same day?

A: No

Q: Are posterior composites covered or downgraded?

A: Posterior composites are covered, not downgraded.

Q: Do you pay at seat or prep?

A: We pay at seat.

Q: Do you have a missing tooth clause?

A: No

Q: Do you cover sedation?

A: Yes

Q: What are your dependent coverage age limits?

A: 26

Q: Do you cover occlusal guards for bruxism?

A: Yes

Q: Do you have waiting periods?

A: We do not have waiting periods for our PPO plans.

Q: Do you have a replacement clause?

A: No

Q: What is the age limit for fluoride?

A: 4 every 12 months up to age 3. 2 every 12 months up to age 15

Q: What if I submit a claim with the wrong diagnostic code or procedure code?

A: If a wrong code is submitted, our system will reject it and we will send a denial letter with the explanation code on it. Claims submitted in error can be resubmitted for processing within 1 year of the Date of Service.