



mcnadental

Referral Process Houston West Location

Enter Login Information in MCNA Dental portal:

<https://portal.mcna.net/>



Welcome to the MCNA Online Portal

Enter your username and password below to access your account.

Your Username

Your Password

Sign In



[Verify Eligibility](#)
[Enter a Pre-Authorization](#)
[Enter a Referral](#)

MCNA Online Provider Portal

Welcome back, FRONT DGM GP of CHILDREN 1ST DENTAL SURGERY CENTER (22468)
 Your last visit was on April 17, 2015 at 1:28 PM

Click Here



Manage Your Subscribers

Use these tools to search for and manage a single subscriber.

[Verify Eligibility](#)
[Enter a Claim](#)
[Enter a Pre-Authorization](#)
[Enter a Referral](#)



Manage Your Facility

Use these tools to view your office history and performance, and to work with tools specific to your office.

[Search for Claims, Pre-Authorizations, or Referrals](#)
[Search for Remittance Advices \(RAs\)](#)
[Search for Appeals or Reconsiderations](#)
[Search for Non-Clean Claim Notifications](#)
[Manage Your Appointment Book \(Multiple Verifications\)](#)
[Manage Your Office Fee Schedule](#)
[Manage Your Users](#)
[Members Roster](#)
[Manage Your Mailing List](#)
[View Your STARR Scorecard](#)



Support and Downloads

Here are some reference materials for you to access as needed.

[Provider Manuals](#)
[Provider Manual for Texas Medicaid and CHIP Members](#)

Upcoming Provider Training Sessions

MCNA is hosting online webinars and in-person seminars. To request a seat at one of the training sessions, please RSVP. Further information will be emailed to you upon your RSVP.

To RSVP

Email TexasSeminars@MCNA.net with your **name**, **contact information**, and desired **date**.

Available Webinars

Webinar sessions are available for the following dates:

- **April 30, 2015**
Topic: Narratives, X-rays and Photos
- **May 26, 2015**
Topic: Credentialing Requirements
- **June 23, 2015**
Topic: MCNA's Provider Hotline
- **July 28, 2015**
Topic: MCNA's Customer Service and Member Advocate and Outreach Specialists (MAOS)
- **August 25, 2015**
Topic: Claims, Appeals, and Complaints
- **September 29, 2015**
Topic: Main Dental Home and Marketing Guidelines

All Webinars are from **9:30am - 10:30am** on <http://mcnadental.webex.com>.

Available "Lunch and Learn" In-Person Seminars

In-Person "Lunch and Learn" sessions are available for the following dates:

- **July 8, 2015**
Location: Houston




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Enter A New Referral

Please fill out each section of the form completely to facilitate quick processing.
Fields with a **red label and asterisk** are required.

Subscriber Information



Enter the Subscriber's **Date of Birth**, and at least either the **Subscriber ID** or **Last Name**. Then click the **Verify Subscriber** button to enable the remainder of this claim form.

Date of Birth:

Subscriber ID:

Last Name:

First Name:


Zip Code:

Verify Subscriber

Enter Patient Info Here

Then Click Here


Provider Information



Treating Provider:

Society Request:

Additional Information




EPSDT Procedure: Check only if Yes

NEA Fast-Attach #:

Remarks:

List of Services Provided



The CDT Code is **required** as identified by a red header and asterisk. The remaining fields must be filled in only if applicable to the procedure. Multiple Tooth



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Date of Birth: ✓

Subscriber ID: ✓

Last Name: ✓

First Name: ✓

Zip Code: ✓

If you need to confirm this subscriber's current eligibility or view this subscriber's treatment history, [click here](#).

Provider Information

Treating Provider: * ✓

Specialty Request: *

Referred Provider:

Additional Information

EPSDT Procedure: Check only if Yes

NEA Fast-Attach #:

Remarks:

1. Select Referring Dentist Name

2. Select General Dentist

3. In REMARKS: field type "Urgent/Referred to Facility # 26756 - Dr. Khanh Truong"



List of Services Provided

The CDT Code is **required** as identified by a red header and asterisk. The remaining fields must be filled in only if applicable to the procedure. Multiple Tooth Numbers and Areas must be separated by commas, however, Surfaces must not include commas.

Enter each line item and then click the green **Add Additional Procedure** button to add another procedure. If you have made an error, you can click on the **Remove** link to remove the procedure.

Enter CDT Code 0140

CDT Code *

Procedure Description

Area or Tooth Numbers/Letters

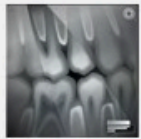
Tooth Surface

0140

Enter a Valid CDT Code

Remove

+ Add Additional Procedure



Attachments

Please upload any attachments required for this referral, including any x-rays, oral images, or relevant documentation. You may upload multiple files per upload box directly from your computer.

Optional Attachments

You may upload any additional relevant attachments below, up to a total number of 10 files.

File Upload: No file selected.

File Type:



Sign and Submit

Please note that by submitting the referral you are digitally signing this online document on behalf of the rendering provider as of this date.

At least one procedure must be entered.

Cancel Submission

Submit Referral

Click Submit Referral



Contact Information

- Mesquite – 972-279-1200
- Grand Prairie – 214-412-1500
- Houston South – 713-944-7700
- Houston West – 713-270-0700
- Visit www.children1stdental.com
 - Submit referrals
 - MCNA dental referral process
 - DentaQuest referral form
 - Chat with Children 1st for guidance and questions
855-422-0224

Thank you for your support and patience