ATTENTION DENTAL PROVIDERS
Medicaid Fee-For-Service Dental Program
Prior Authorization Policy Changes

**EFFECTIVE IMMEDIATELY, DENTAL PROVIDERS MUST USE THE FOLLOWING ADDRESS
WHEN SUBMITTING DENTAL AUTHORIZATIONS:**

DHH MEDICAID DENTAL PROGRAM
P.O. BOX 91030
BATON ROUGE, LA 70821-9030

Medicaid recipients that reside in Intermediate Care Facilities for the Developmentally Disable (ICF/DD) will continue to receive dental services through the Medicaid fee-for-service program. Please ensure that the recipient's eligibility is verified using the Medicaid Eligibility Verification System (MEVS) or the Recipient Eligibility Verification System (REVS) prior to and on the date of service. It is advisable that providers keep hardcopy proof of eligibility from MEVS on file.

NOTE: If the recipient is enrolled in MCNA Dental, the plan's contact information will be revealed when eligibility is verified. Should you have any questions about MCNA Dental's policy, contact the MCNA Dental Provider Hotline at 1-855-701-6262 or by visiting the website at www.MCNALA.net.

Effective July 1, 2014

PRIOR AUTHORIZATION

The Prior Authorization requirement has been removed from all EPSDT and Adult Dental Program services (excluding all Fixed and Removable Dentures and all Unspecified procedure codes) for recipients that continue to receive dental services through the Medicaid fee-for-service program. Providers are required to continue to abide by the appropriate dental program's policy and document the need for treatment, maintain radiographs that support the clinical findings and justify treatment, and the actual treatments performed in the patient

record. **Providers are required to continue to send all dental claims for payment to Molina for recipients that continue to receive dental service in the Medicaid fee-for-service dental programs.**

Effective October 31, 2014

Effective October 31, 2014, Medicaid will no longer accept post authorization requests for services rendered prior to July 1, 2014. Standard timely filing requirements still apply. The appropriate dental program policy for that date of service will apply to all submitted claims with dates of service prior to 7/1/14. Providers are required to submit these claims to Molina for processing.

MEDICAID REIMBURSEMENT

As of July 1, 2014, the Medicaid EPSDT and Adult Denture Program reimbursement rates have been adjusted to reflect rates that were effective January 1, 2013. Providers that bill their usual and customary fees will not be required to manually adjust their claims as the updated fees have been in place since July 1, 2014. Updated Dental Program Fee Schedules will be placed on the Fee Schedules page of www.LAMedicaid.com.

Should you have any questions regarding this information, you may contact Molina Provider Relations by calling (800) 473-2783 or the Medicaid Dental Program at 225-342-4182. Providers can also submit questions by email to bayouhealth@la.gov and the appropriate staff will address any issues or concerns.

8/5/2014