PRIOR AUTHORIZATION

Services that require PA are identified with an asterisk (*) in the EDSPW Program fee schedule located in Appendix C. Medicaid requires the use of the American Dental Association (ADA) Dental Claim Form for all dental PA requests and claims filing.

A copy of the BHSF Form 9-M **must** accompany each individual PA request when requesting services covered under the Expanded Dental Services for Pregnant Women Program.

To ensure proper handling of the requests for PA services covered in the EDSPW Program, Department of Health and Hospitals asks that the BHSF Form 9-M be placed on top of the ADA Dental Claim Form and other documents (i.e., radiographs) for each PA request that is sent to the LSU Dental School, Dental Medicaid Unit.

All **dental PA requests** should be sent to the **LSU School of Dentistry Medicaid Dental PA Unit** (see Appendix H).

Once PA has been approved for a service, a copy of the claim form and the radiographs will be returned to the provider and the other copy will be retained by the Medicaid Dental PA Unit. A PA letter will be sent to the provider and to the recipient detailing those services that have been prior authorized. The letter will also include a 9-digit PA number used when the provider submits a claim for payment of those prior authorized services.

Failure to receive the returned claim form and radiographs and/or a PA Letter within 25 days from the date of submission should alert the provider that the documents might have been misdirected. In these instances, please contact the dental consultants at the Dental Medicaid Unit. If the claim form is returned, but the radiographs that were included with the claim are not returned, the provider must immediately contact the dental consultants at the Dental Medicaid Unit. Please document the contacts with the dental consultants in the recipient's record. In general, EDSPW Program PA decisions are rendered within two weeks from the date of receipt by the Dental Medicaid Unit.

To amend or request reconsideration of a prior authorization, the provider should submit a copy of the PA Letter and copies of the original claim form and supporting documentation with a statement of what is requested. The services indicated on a single PA Letter should match the services originally requested on a single page of the claim submitted for PA. Requests for additional treatment must be submitted as a new claim for which a new PA will be issued. For administrative changes only, e.g. provider number or recipient number corrections, date of service changes, etc., a copy of the PA Letter with the requested changes noted may be sufficient. (See Appendix I for Sample PA Letter and Appendix H for a PA Checklist)

- If the provider proceeds with treatment before receiving PA, the provider should consider that the request may not be authorized for services rendered. However, providers may

render and bill for services that do not require PA while they are awaiting PA of those services that do.

- Prior authorization of a requested service does not constitute approval of the fee indicated by the provider nor is it a guarantee of recipient Medicaid eligibility. When a recipient loses Medicaid eligibility, any authorization (approval) for services becomes void.

NOTE: If a service is prior authorized and the pregnancy ends prior to receiving the service, the recipient is no longer eligible for the service.

It is the dental provider's responsibility to obtain a dental PA on behalf of the recipient. If a dental provider has not received a dental PA decision (or other correspondence from the Dental Medicaid Unit) within 25 days from the date of submission, it is the provider's responsibility to contact the Dental Medicaid Unit. The provider should NEVER instruct the recipient to contact Medicaid regarding the PA request. This information is being provided as a tool to assist providers in avoiding common errors when requesting dental PA.

Prior Authorization Requirements for Multiple Permanent Tooth Restorations

Providers must use their recipient records in order to determine if the second or subsequent restoration performed on the same recipient, same permanent tooth within 12 months from the date of the original restoration due to pulpal necrosis (root canal) or traumatic injury is eligible for reimbursement by Medicaid. This policy applies to the same billing provider or another Medicaid provider located in the same office as the billing provider.

If the requested code is eligible for reimbursement as a second or subsequent restoration due topulpal necrosis (root canal) or traumatic injury for the same permanent tooth, a PA is required. The PA request must provide the following:

- An indication in the "Remarks" section of the ADA Dental Claim Form (Block 35) that this is the second or subsequent restoration in a 12-month period, same tooth (provide tooth number); and
- An indication in the "Remarks" section of the ADA Dental Claim Form (Block 35) as to whether the restoration is necessary due to pulpal necrosis (root canal) or traumatic injury; and
- Submit a copy of the entire treatment record; and

- Submit all pertinent radiographs that were taken. If radiographic copies are sent, they must be labeled right/left and be of good diagnostic quality.

NOTE: The reason that the tooth requires a second or subsequent restoration must be well documented in the recipient's record

Prior Authorization Reminders

All codes that are to be submitted for payment as a second or subsequent restoration in a 12-month period for the same recipient and same permanent tooth, requires PA including codes D2140 and D2330 which normally does not require PA. The PA number must be entered in the appropriate block on the claim for payment.

If the above-referenced guidelines are not followed when the PA request is submitted, the claim will receive a 515 denial and the provider will be responsible for resubmitting the required information to the Medicaid Dental PAU (see Appendix K for contact information) in order to have the claim reconsidered for payment.

If you have questions regarding this policy, you may contact the LSU Dental School, Medicaid Dental Prior Authorization Unit.

At the completion of the PA review one of the following will occur:

A copy of the claim form and the radiographs will be returned to the provider (at the address listed on the claim form) and the other copy will be retained by the Medicaid Dental PAU. The FI will send a PA letter to the provider detailing the services that have been prior authorized. A PA number will be furnished on the PA letter to allow the provider to bill for services as they are completed. The recipient also receives a copy of the PA letter. An example of a PA letter can be found at the end of this section. The returned copy of the claim form and the PA letter must be filed in the recipient's treatment record.

In some cases both copies of the claim form (and radiographs) may be returned requesting additional radiographs, additional information or with questions or suggestions concerning the proposed treatment. These cases have not been approved or denied. In order to complete the PA process, they must be returned to the dental consultants with the requested information. If necessary, the provider may provide further explanations or reasons for treatment in the "Remarks" section of the claim form.

In other cases, the copy of the claim form and radiographs returned to the provider will have denied services lined out, a maximum fee stated, the number of requested services decreased, or other changes. In these cases, the FI will send a PA letter to the provider detailing those services that have been prior authorized and list any denied services along with an explanation of those denials. A PA number will be furnished to allow the provider to bill for services as they are completed. The recipient also receives a copy of the PA letter and in the case of a denial, the explanation of denied benefits will advise recipients of their appeal rights. The returned copy of the claim form and the PA letter must be filed in the recipient's treatment record.

Providers should be certain that both copies of the claim form submitted for prior authorization are identical so that there is an accurate copy in the recipient's treatment record.

The dental consultants review the dental PA requests in an expedient manner. However, some requests are held over for additional consultation.

Failure to receive the returned claim form and radiographs and/or a Prior Authorization letter within two weeks time should alert the provider that the claim form might have been misdirected. In these instances, contact the dental consultants at the LSU School of Dentistry. If the claim form is returned to the provider but the radiographs that were included with the claim are not returned, the provider must immediately contact the dental consultants at the LSU School of Dentistry. All contacts with the LSU School of Dentistry must be documented in the recipient's record.

To amend or request reconsideration of a PA, the provider should submit a copy of the PA letter and copies of the original claim form and supporting documentation with a statement of what is requested. The services indicated on a single PA letter should match the services originally requested on a single page of the claim submitted for PA. Requests for additional treatment must be submitted as a new claim for which a new PA will be issued. For administrative changes only, e.g. provider number or recipient number corrections, date of service changes, etc., a copy of the PA letter with the requested changes noted, may be sufficient.

If the provider proceeds with treatment before receiving PA, the provider should consider that the request may not be authorized for services rendered. However, providers may provide and bill for services that do not require PA while awaiting PA of those services that do.

Prior authorization is not a guarantee of recipient Medicaid eligibility. When a recipient loses Medicaid eligibility, any authorization of services becomes void.

All dental PA requests should be sent to the **LSU School of Dentistry Medicaid Dental Prior Authorization Unit (PAU)** (see Appendix K for contact information).

NOTE: Claim forms for payment should be submitted to the FI (see Appendix K for contact information).