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**CHAPTER 16: DENTAL SERVICES**

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**APPENDIX H: PRIOR AUTHORIZATION SAMPLE LETTER PAGE(S) 1**

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**PRIOR AUTHORIZATION (PA) SAMPLE LETTER**

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS  
BUREAU OF HEALTH SERVICES FINANCING  
P O BOX 91030, BATON ROUGE, LOUISIANA 70821-9030

DATE 04/01/2003                      RECIPIENT NAME xxxxxx      xxxxx  
PRIOR AUTH. NBR    999999999    RECIPIENT NUMBER    9999999999999

xxxxxxxxxx    xxxxx    xxxx \*  
xxxx xxxxxxxxx  
xxxxxxxxxxxxxx      xx 99999

PROVIDER NUMBER    9999999

DEAR PROVIDER,

THIS LETTER IS TO CONFIRM THAT THE REQUEST FOR PRIOR AUTHORIZATION OF DENTAL SERVICES FOR ABOVE NAMED PATIENT HAS BEEN PROCESSED AS INDICATED BELOW.

PROCEDURE -----	UVS ---	AMOUNT -----	DATES OF SERVICE -----	STATUS -----
D2930-STAINLESS STEEL CROWN	2	.00	01/01/2003-01/01/2004	APPROVED
D3310-ENDODONTIC 1 CANAL	1	.00	01/01/2003-01/01/2004	DENIED-460

THE REASON FOR DENIED PRIOR AUTHORIZATION REQUESTS IS LISTED BELOW,  
460 – ENDODONTIC DENIED BECAUSE OF MISSING TEETH

IF FURTHER CLARIFICATION IS NEEDED, CONTACT LSU SCHOOL OF DENTISTRY, DENTAL PRIOR AUTHORIZATION UNIT AT 504-619-8589.

THIS AUTHORIZATION IS NOT A GUARANTEE OF RECIPIENT MEDICAID ELIGIBILITY. PAYMENT ON A CLAIM WILL ONLY BE MADE WHEN THE CLAIM IS BILLED CORRECTLY AND ALL CONDITIONS FOR PAYMENT ARE MET.

SINCERELY,

BUREAU OF HEALTH SERVICES FINANCING