



DENTAL PRIOR AUTHORIZATIONS AND AMENDMENTS Q&A

- 1. Where can we find the required documents for each PA?**
 - A. Prior Authorization (PA) guidelines and quick reference guides can be found on the [dental provider page](#) under Training Documents & Resources.

- 2. How many root canals are allowed in a 12-month period without prior authorization?**
 - A. If the member has no treatment history of RCT in the past 12 months, a maximum of two RCT's can be completed within a 12-month period without prior authorization, regardless of tooth number. Additional RCT's must be prior authorized.

- 3. Does a PA request for D8020 require the same documents as comprehensive orthodontic treatment?**
 - A. No. Code D8020 needs intraoral photos, panoramic X-ray and a narrative describing the medical necessity of the appliance.

- 4. Are we allowed to charge the patient for not informing us about their TPL?**
 - A. No. Members often do not realize they have other coverage, especially when the policyholder is not the custodial parent. Therefore, HMS is contracted with OHCA to research members private insurance coverage.

- 5. Are we ever going to be able to bill periodontal maintenance after a patient has had SRP?**
 - A. At this time periodontal maintenance is not a covered benefit. Please stay up to date with current information by signing up for web alerts on our [global messages page](#).

- 6. When submitting an amendment request, remarks are only required for orthodontic changes, correct?**
 - A. That is correct.



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4345 N. Lincoln Blvd.
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oklahoma.gov/ohca
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PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



- 7. Does the amendment process replace emailing or faxing in the start date for a the second-year activation of comprehensive orthodontic treatment?**
- A. Yes.
- 8. How do we know if a code is covered or requires a PA?**
- A. Please utilize the fee schedule on the public website or the resources tab in the provider portal.
- 9. Would patients who are ages 19 or 20 be approved for braces?**
- A. No. Authorization for braces needs to be received by the member's 18th birthday. However, if a member currently has braces, continuation of treatment may be possible for those active members under the age of 21.
- 10. For orthodontics, what specifically has changed?**
- A. Banding updates are no longer accepted via fax and will need to be submitted using the amendment process via the provider portal.
- 11. Can we backdate amendments?**
- A. Backdating can be considered if the request is received within 90 days from the date of service, but there is no guarantee of approval.
- 12. Sometimes it takes primary insurance companies beyond SoonerCare's timely filing limit to process claims. Once the primary pays and we bill SoonerCare, our claim is denied for timely filing. Is there a way around this?**
- A. Always submit your claim right away to SoonerCare while you are waiting for a determination from the primary insurance, this is your proof of timely filing.
- 13. After 6 months are we able to submit for SRP's if we have done a prophylaxis before then?**
- A. Please refer to dental policy on this subject – all four quadrants will not be authorized for SRP with prophylaxis in last 12 months, so review is necessary to determine which quadrants meet criteria.



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- 14. If an HMS audit picks up a TPL that expired in 2014 and there is no way to get a denial EOB from that company, what do we do?**
- A. Call the provider helpline at 800-522-0114, option 3, 2 to speak to the TPL department.
- 15. Can we bill a member for a service that is not covered by SoonerCare?**
- A. You may only bill the member for a non-covered service if you have the member's signature on a document stating they understand the service is not covered and they may be held responsible for payment.
- 16. If a PA has expired due to us unable to get a patient in because of our schedule, or them not showing up, do we just resubmit the PA after it has expired?**
- A. Prior authorizations are good for one year from the date approved. An expired PA can be amended using the amendment process via the provider portal.
- 17. Sometimes the prior authorization is approved, but only for one day, what do we do in this situation?**
- A. Send an amendment or call the dental unit to have that fixed.
- 18. If a patient's TPL displays private medical or pharmacy insurance, do we need to bill them first before billing SoonerCare?**
- A. If the member is not showing dental coverage, then a claim typically does not have to be submitted to the medical primary insurance company. However, if the member is receiving services in an FQHC and they have TPL then you will need to follow the instructions on the [Provider Reimbursement Notice \(PRN 2014-02\)](#).
- 19. For OMS providers, we get authorization for specific codes prior to surgery, but sometimes the codes change during surgery, and we must request a new backdated PA. Would we now utilize the amendment process to "delete" the unused code and add the new code to the approved PA?**
- A. Specific code changes can be requested through the amendment process.



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- 20. Can we submit the amendment when the patient gets the braces placed?**
- A. Yes. This is recommended.
- 21. On the orthodontic PA document requirements, it says if diagnosed a surgical case the oral surgeon must submit a written opinion that orthognathic surgery is indicated, is there a form this must be submitted on?**
- A. No. This is submitted within the required documents you are submitting for comprehensive orthodontics approval. If you have the information from the surgeon, attach it. Otherwise, let us know in the narrative or on the HLLD form that it is a surgery case. If there is something additional our orthodontic consultant needs, they will request that information. Start with the minimum document requirements.
- 22. New to dealing with SoonerCare Dental on all levels, any suggestions on best place to start training?**
- A. Visit the [dental provider page](#), OHCA [policy](#), the resources included in this presentation. You may also send a training request to SoonerCareEducation@okhca.org.
- 23. Where can we contact someone if our provider wants to talk to someone in the PA department?**
- A. Call the dental main line at 405-522-7401 or send an email to dentalservices@okhca.org.
- 24. Do we have to be in-network with the patient's primary insurance for SoonerCare to pay?**
- A. You must follow the rules of the primary insurance for SoonerCare to consider reimbursement.



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