DENTAL PRIOR AUTHORIZATION AND AMENDMENTS

Sara Gillum
June 2022
DISCLAIMER

• SoonerCare policy is subject to change.

• The information included in this presentation is current as of June 2022.

• Stay informed with current information found on the OHCA public website by visiting www.oklahoma.gov/ohca.
CLASS DESCRIPTION

A current look at covered dental services requiring a prior authorization, the documents required for each submission, and how to submit a prior authorization and amendments on the SoonerCare provider portal.

Target Audience – dentists, orthodontists and administrative staff.
AGENDA

• Covered populations
• Covered services
• Required documents
• Eligibility
• Create a dental prior authorization
• Create an amendment
• View authorization status/PA notices
• Resources
• Questions
COVERED POPULATIONS
DENTAL COVERAGE

SoonerCare (Oklahoma Medicaid) Title 19 pays for preventative, diagnostic and restorative services for eligible members under the age of 21.

• Dental care for adults residing in private intermediate care facilities for individuals with intellectual disabilities (ICF/IID) is similar to the scope of services available to individuals under 21.
COVERED POPULATIONS

• Healthy Adult Program (HAP) expansion members ages 19-20 fall under EPSDT guidelines and will have the same dental benefits as those available to TXIX members ages 0-20.

• Healthy Adult Program (HAP) expansion members ages 21 and older, and current TXIX adults ages 21 and older, have an expanded limited dental benefit that began July 1, 2021.
SOON-TO-BE-SOONERS (STBS)

Effective Jan. 1, 2022, a limited dental benefit became available for STBS members to protect and maintain the health of the unborn baby from outcomes like low birth weight; etc. The STBS populations are covered under CHIP, or Title XXI, and can be citizens or non-citizens.

To receive pregnancy related services under Title XXI, the pregnant woman must:
• be otherwise ineligible for any other categorically SoonerCare eligibility group;
• reside in Oklahoma, with the intent to remain, at the time services are rendered;
• have household income at or below 185% FPL; and
• not be covered by creditable insurance, as defined in the Health Insurance Portability and Accountability Act (HIPAA).

COVERED SERVICES
Services Requiring Prior Authorization (PA) ages 0-20

• Endodontics
  • More than 2/12 months
• Crowns for permanent teeth
• Partials, dentures and related services
• Occlusal guards
• Bridges
• Periodontal scaling and root planing
• Scaling in the presence of generalized moderate or severe gingival inflammation
ADULT LIMITED DENTAL BENEFITS
AGES 21+

- Comprehensive oral evaluation
- Periodic oral evaluation
- Limited oral evaluation
- Complete series of radiographs
- Dental prophylaxis, including fluoride
- Scaling and root planing*
- Scaling in the presence of generalized moderate or severe gingival inflammation*

- Images
- Fillings
- Smoking and tobacco use cessation counseling
- Medically necessary extractions
- Medical and surgical services
- Full and partial dentures*
- Alveoloplasty in conjunction w/extractions 4 or more teeth per quadrant
- Removal of lateral extosis
- Removal of tori
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0120</td>
<td>Periodic oral evaluation</td>
<td>D1110</td>
<td>Prophylaxis</td>
</tr>
<tr>
<td>D0140</td>
<td>Limited oral evaluation</td>
<td>D1206</td>
<td>Fluoride varnish</td>
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<tr>
<td>D0150</td>
<td>Comprehensive oral evaluation</td>
<td>D4341</td>
<td>Scaling &amp; root planing 4 or more teeth/quadrant*</td>
</tr>
<tr>
<td>D0220</td>
<td>Intraoral – periapical first radiographic image</td>
<td>D4342</td>
<td>Scaling &amp; root planing 1-3 teeth/quadrant*</td>
</tr>
<tr>
<td>D0230</td>
<td>Intraoral – periapical each additional radiographic image</td>
<td>D4346</td>
<td>Scaling in presence of inflammation*</td>
</tr>
<tr>
<td>D0272</td>
<td>Bitewing – 2 radiographic images</td>
<td>D7140</td>
<td>Extraction erupted tooth</td>
</tr>
<tr>
<td>D0274</td>
<td>Bitewing – 4 radiographic images</td>
<td>D7210</td>
<td>Extraction erupted tooth</td>
</tr>
</tbody>
</table>
REQUIRED DOCUMENTS
REQUIRED DOCUMENTS

Minimum required records to be submitted with each dental Prior Authorization Request (PAR):

• Comprehensive treatment plan
• Right and left mounted bitewing x-rays or panoramic x-ray
• Periapical films of tooth/teeth involved or the edentulous areas if not visible in the bitewings
• Six-point periodontal charting
• Records on member’s oral hygiene and flossing ability or Carries Risk Assessment
DOCUMENT REQUIREMENTS

- X-rays or images must be identified by the tooth number and include date of exposure, member name, member ID, provider name and provider ID.

- All x-rays or images, regardless of the media, must be submitted together with a completed and signed comprehensive treatment plan that details all needed treatment at the time of examination.

- The film or print must also clearly identify the requested service.

- PA films must show 3mm below apex.
ORTHODONTIC PA
(REQUIRED DOCUMENTS)

Minimum required records to be submitted with each orthodontic Prior Authorization Request (PAR):

- Caries Risk Assessment
- DEN-2 referral form
- DEN-6 HLLD form (score sheet)
- 3D model images of study models (images preferred)
- Panoramic x-ray
- Cephalometric x-rays with tracing
- Intraoral photographs
- Detailed description of any oral maxillofacial anomaly
- Estimated length of treatment
• If diagnosed as a surgical case, submit an oral surgeon’s written opinion that orthognathic surgery is indicated, and the surgeon is willing to provide this service.

• Please note that study models, film, digital media or printouts must be of sufficient quality to clearly demonstrate for the reviewer the pathology which is the basis for the minor orthodontics (appliances) requested.
ELIGIBILITY
• Eligibility must be verified on the date of service, prior to services being rendered.

• A single date of service must be used when verifying member eligibility.

• Date span searches will not provide accurate results of the member eligibility.
Select **Eligibility Verification** under the **Eligibility** tab.
Member eligibility can be verified using:

- Member ID
- Case Number
- SSN and Date of Birth
- Last Name, First Name and Date of Birth

Enter the patient information with the Date of Service and select Submit.
VERIFICATION

- The system will return eligibility results based on the criteria entered.
- The verification number and status means the eligibility verification request was accepted.
Both programs are eligible for the adult limited dental benefits.
STBS ELIGIBILITY

Individuals receiving services under STBS will display Soon to be Sooners on the eligibility screen of the secure provider portal.
ELIGIBILITY WITH THIRD PARTY LIABILITY (TPL)

• Providers must verify if a member has other insurance prior to services rendered.

• The primary insurance guidelines must be met for SoonerCare to consider payment.

• Providers accept the SoonerCare allowable as payment in full and may not bill the member for any remaining balance.
### ELIGIBILITY WITH TPL

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Coverage</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoonerCare Choice</td>
<td></td>
<td>02/22/2021</td>
<td>02/22/2021</td>
</tr>
<tr>
<td>Non Emergency Transportation</td>
<td></td>
<td>02/22/2021</td>
<td>02/22/2021</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td></td>
<td>02/22/2021</td>
<td>02/22/2021</td>
</tr>
<tr>
<td>Title 19</td>
<td></td>
<td>02/22/2021</td>
<td>02/22/2021</td>
</tr>
</tbody>
</table>

Select the + icon to expand the TPL details of the member file.
TPL RESULTS

TPL information provided:
- Carrier name and ID
- Policy number
- Group ID
- Policy holder name
- Coverage type
- Effective and end dates
ADDING TPL

TPL can also be added to a member’s file by clicking the + sign to expand the TPL box.

- Enter the details from the member’s primary insurance card.
- Select Add.
- It can take up to five business days to verify TPL.

![TPL input form]

• Enter the details from the member’s primary insurance card.
• Select Add.
• It can take up to five business days to verify TPL.
Treatment history of SoonerCare members can be found through the secure provider portal.

- Select **Treatment History** under the **Eligibility** tab.
Select the **Dental** tab, enter the **Member ID** and the **Date of Service**.
Selecting *Lifetime Date of Service* will return services that are only compensable once in a member’s lifetime.
## TREATMENT SEARCH RESULTS

Click on the blue hyperlink to show more details.

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Procedure Code</th>
<th>Tooth Number</th>
<th>Oral Cavity Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/18/2018</td>
<td>D0120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/18/2018</td>
<td><strong>D1110</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/18/2018</td>
<td>D1206</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/18/2018</td>
<td>D9230</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/18/2018</td>
<td>D2150</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>10/18/2018</td>
<td>D2140</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>10/18/2018</td>
<td>D7111</td>
<td>R</td>
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</tr>
<tr>
<td>10/02/2018</td>
<td>D9230</td>
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<tr>
<td>10/02/2018</td>
<td>D2150</td>
<td>15</td>
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<tr>
<td>10/02/2018</td>
<td>D2140</td>
<td>18</td>
<td></td>
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<td>09/25/2018</td>
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<td></td>
</tr>
<tr>
<td>09/25/2018</td>
<td>D0220</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>
TREATMENT DETAILS

Treatment details will include the rendering provider information as well as service details.
CREATE A DENTAL PRIOR AUTHORIZATION
CREATE AUTHORIZATION

Select Create Authorization under the Prior Authorization tab.
ATTACHMENTS

- Select **Dental** as the authorization type.
- Enter **Member ID**.
- Only electronic attachments are accepted.
- Select **Add** after each attachment has been uploaded.
PA INFORMATION

- Select the appropriate Assignment Code.
- Do not manipulate the Managed Care or Letter? fields.
- If applicable, enter the Diagnosis Code by clicking the Add button.
- Remarks are optional and can be entered by clicking the Add button.
SERVICE DETAILS

• Enter all applicable fields and select Add Service.
• A maximum of 12 service lines may be entered.
• Select Submit, when all details have been entered.
CONFIRM

- Review the prior authorization and make any needed corrections.
- Select **Confirm** to submit authorization request.
AUTHORIZATION RECEIPT

The prior authorization number can be used to view authorization status.
REQUEST AN AMENDMENT
AMENDMENTS

In order to streamline the amendment process, the Dental Authorization Unit is implementing a change in the submittal of amendment requests.

• Effective immediately, providers can now submit their amendment requests including orthodontic bandings through the secure provider portal.

• The faxed option will be discontinued and faxes for PA amendments will no longer be accepted as of June 10, 2022.
MORE ON AMENDMENTS

• Amendments can only be requested for a PAR in an approved status.
• Amendments must be received within six months from the date of service.
• **DEN-7** form is required for general dental amendment requests.
• **DEN-7** form is required along with a remark for all orthodontic amendment requests.
What can be amended:

- Member ID
- Authorization end date
- D8080 pricing
- Specific code change
- Other
• Log into the secure provider portal and click on the Prior Authorization tab at the top.

• Click View Authorization Status.

• Enter Prior Authorization (PA) Number and click search button.

• This will bring up the PA in Search Results where you will click on the PA number.
Once you have clicked on the PA Number it will bring up the view status of the PA.

Next you will click on the View Original Request button.
Now that you have clicked on the View Original Request button, you will be able to do one of the following:

- **Cancel a Line** - in Approved (with no claims filed against the line), Evaluation, Pending and Pending Documents Status.
- **Amend a Line** – in Approved Status only.
• **Cancel** – you will click on the box in the Cancel column for the line(s) you would like to cancel, then click on the Submit button. This will immediately cancel that line item.

• **Amend** – you will click on the box in the Amend column for the line(s) you would like to amend (do not click the Submit button yet).
Once you have clicked on the Amend box for all the lines you want to amend, you will scroll back up to the Attachments section.

Next, you will click on the DEN-7 Form link and complete the form and save to your computer.

Now, Upload the DEN-7 form.
- Select browse.
- Locate the document(s) to upload.
- Give the document(s) a description.
- Now click the Add button to add the documents.
Once you have added the document(s), your page will refresh and will then show the attachment(s) you added. You will be able to remove this attachment ONLY if you uploaded the wrong document.

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File</th>
<th>Control #</th>
<th>Action</th>
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<tbody>
<tr>
<td>EL-Electronic Only</td>
<td>HCA-13A.pdf</td>
<td>20220203457250</td>
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<tr>
<td>EL-Electronic Only</td>
<td>Wellness Release 2018.pdf (OK)</td>
<td>20220323209630</td>
<td>Remove</td>
</tr>
</tbody>
</table>

NOTE: MAU will be 6 months from END date.
If the amendment request is for orthodontic services, a remark stating the reason for the request, must be entered in the remarks section.
The last step in submitting an Amendment request is to click on the Submit button.

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Modifiers</th>
<th>Units</th>
<th>Cancel</th>
<th>Amend</th>
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</thead>
<tbody>
<tr>
<td>02/03/2022</td>
<td>02/28/2022</td>
<td>MA007-Adult Chiropractic</td>
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<td>02/03/2022</td>
<td>02/28/2022</td>
<td>23410-REPAIR ROTATOR CUFF ACUTE</td>
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<tr>
<td>02/03/2022</td>
<td>02/28/2022</td>
<td>22612-ARTHRO PST TQ 1NSP LCUMBAR</td>
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<td>□</td>
</tr>
<tr>
<td>02/03/2022</td>
<td>02/28/2022</td>
<td>78451-HT MUSCLE IMAGE SPECT SING</td>
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<td>02/03/2022</td>
<td>02/28/2022</td>
<td>A6530-COMPRESSION STOCKING BK18-30</td>
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<td>02/03/2022</td>
<td>02/28/2022</td>
<td>70544-MR ANGIOGRAPHY HEAD W/ODYE</td>
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<td>02/03/2022</td>
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<td>76825-ECHO EXAM OF FETAL HEART</td>
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<td>02/03/2022</td>
<td>02/28/2022</td>
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<td>02/03/2022</td>
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<tr>
<td>02/03/2022</td>
<td>02/28/2022</td>
<td>77423-NEUTRON BEAM TX COMPLEX</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Once you have clicked the Submit button, the page will refresh and give you a message of a successful submission.
VIEW AUTHORIZATION STATUS / PA NOTICES
Select **View Authorization Status** under the **Prior Authorizations** tab.
Authorization status can be searched by:

- Prior Authorization Number
- Member ID
- Provider NPI

Enter at least one of the search criteria and select **Search**.
ADVANCED SEARCH

• Advanced search allows the user to view PA's for a member that have been requested by other dental providers.

• Advanced search by using the Prior Authorization Number, Authorized Day Range, or Authorized Service Date and Member ID.
AUTHORIZATION NOTICES

- Select the Authorization Notices tab.
- System will default to 6-month Day Range unless otherwise specified.
- Select Search.
• Click on the **Prior Authorization Number** to view authorization details.
• Click on the **Date Sent** to change the **Status** from *Unread* to *Read*.  

<table>
<thead>
<tr>
<th>Prior Authorization Number</th>
<th>Date Sent</th>
<th>Member</th>
<th>Requesting Provider</th>
<th>Servicing Provider</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>123456789</td>
<td>03/17/2021</td>
<td>Member ID</td>
<td>999999999A Dr. Teeth</td>
<td>999999999A Dr. Teeth</td>
<td>Unread</td>
</tr>
</tbody>
</table>
AUTHORIZATION DETAILS

• The Remarks field will display remarks from OHCA.
• If the Status is pending documents, a reason will display.
• Select View Original Request to add requested documents.
ATTACH REQUESTED DOCUMENTS

- **Add** all requested documents.
- Once all documents have been uploaded, select **Submit**.
- A confirmation message will appear at the top of the screen.
RESOURCES
HELPFUL TELEPHONE NUMBERS

• Dental prior authorization
  - 405-522-7401
  - Dentalservices@okhca.org

• OHCA provider helpline
  - 800-522-0114, option 1

• Internet help desk
  - 800-522-0114, option 2,1
HELPFUL LINKS

• Dental provider page
  - https://oklahoma.gov/ohca/providers/types/dental/dental.html

• Dental newsletter

• OHCA public website
  - https://oklahoma.gov/ohca.html
HELPFUL LINKS

• Medicaid Managed Care (SoonerSelect)
  - https://oklahoma.gov/ohca/about/soonerselect.html

• Medicaid expansion
  - www.oklahoma.gov/ohca/about/medicaid-expansion/expansion

• Managed Care Town Halls
  - https://oklahoma.gov/ohca/townhall.html
TRAINING RESOURCES

• Provider education specialists:
  - Education specialists provide education and training as needed for providers either virtually or telephonically.
  - Requests for assistance should be emailed to: SoonerCareEducation@okhca.org. (Requests should include the provider name and ID, contact information and a brief description of what assistance is being sought.)
  - For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.

• Monthly webinars
• How-to videos
QUESTIONS?
GET IN TOUCH

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105  

Oklahoma.gov/ohca  
mysoonercare.org  

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