



Q&A: Dental Prior Authorization

1. I feel it would be good to mention the file size for electronic attachment.

The limit for electronic attachments is 10MB. If attachments exceed 10MB, check the resolution of any images. Some digital images are high resolution and as long as the pathology remains clear, they may be able to be attached with a lower resolution. Contact the dental prior authorization unit at 405-522-7401 if you are unsure about how much information is required.

2. For third year, I was told I have to put something referring to continuations of service. I usually put "For 3rd year". Do I need to still do that?

Yes, for third year orthodontics a request must be sent with the original photo collage and the current photo collage; indicate "3rd year" on the request and use the D8080 code.

3. Is there a date set for prior authorization to switch from SoonerCare provider portal to the new dental companies taking over on whatever systems they will be using?

The new MCO Dental Benefit Plans are expected to be active on Oct. 1, 2021. Stay up to date on SoonerSelect, or Medicaid managed care at oklahoma.gov/ohca/about/soonerselect. Contact information for each MCO is available using that link.

4. The webinar stated a PA was needed for endo but everything we submit for PA states "No PA Needed"? Why? What are we doing wrong, if anything?

The OHCA secure provider portal is sometimes unable to apply specific prior authorization limit requirements. Therefore, it is important to refer back to dental policy on the public website at oklahoma.gov/ohca/providers/types/dental/dental, which is more accurate than the online fee schedule function.



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5. Where would I find the link to the copy of this presentation?

The presentation is on the right side of our training page under webinar training materials, oklahoma.gov/ohca/providers/provider-training (titled *Dental Prior Authorization*).

6. If a patient needs four endos, do we complete two and then prior authorize the other two, or do them on a different date of service?

No, if more than two are needed for the entire mouth, then *all* must be prior authorized. Remember to also search the patient's treatment history to ensure that none have been previously completed by another provider in the last 12 months.

7. When trying to get a partial for a patient and they have multiple teeth that need to be in the partial, how do we list them?

The code for a partial does not require the specific tooth, therefore it is recommended that any teeth being replaced be noted in the remarks section and continue to use the partial code in the service details.

8. Can we send an FMX as one file instead of each x-ray individually?

Yes, one file is welcome and accepted as long as it is the correct file type of jpg, pdf, tif or xps.

9. What is the protocol when a patient is having a procedure done, and once in the mouth, the provider sees more work needed and the parent approves the work, then we find that the additional work needed a PA. Is there a way to get a retro-authorization if done on the same day?

No, if a procedure requires a prior authorization, the PA must be completed prior to the procedure.

10. What is the length of time between an D4346 and a prophyl?

184 days.



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11. What are the requirements for SRP-D4341 or D4342?

From OHCA dental policy: Periodontal scaling and root planing. Procedure is designed for the removal of calculus or tissue that is contaminated and may require anesthesia and some soft tissue removal. This procedure requires that each tooth have three or more of the six point measurements five millimeters or greater, and have multiple areas of image supported bone loss, subgingival calculus and must involve two or more teeth per quadrant for consideration. This procedure is not allowed in conjunction with any other periodontal surgery.

12. For an FQHC dental facility, do we send the T1015 with sealants or do the sealant codes fall on a different pay table?

Yes, bill the T1015 with any other codes for that day. If the claim pays the T1015, the other lines will pay zero. If the claim pays for the sealants, the T1015 will pay zero.

13. If you have two RCT, do you still need to PA the build-up?

Yes, that is still a requirement. Non-prior authorized restorative codes are acceptable to use as well, so a filling could be used rather than a build-up, provided that there have been no other fillings on the same tooth in last 24-month period.

14. Is there somewhere that states what documents are needed if a PA is required?

The documents are listed on slide 8 of the presentation. Click [here](#) to open.

15. If you do an alternative code like a filling instead of a build-up, doesn't that knock that tooth out of eligibility for a crown for two years?

No. The only time eligibility would be an issue is if there was a stainless steel crown done in the past two years.



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16. If you have a filling, does it knock off the eligibility for a RCT and build-up? In a three year period?

No, a filling will not remove a member's eligibility for a root canal. The utilization parameter for restorative services is once per tooth per 24 months, therefore if a filling has been done on that tooth in the last 24 months a build-up would not be covered, and the member cannot be charged.

17. Can we call to remove a TPL?

Yes, the TPL unit can be reached at 800-522-0114 option 3,2.

18. Is it better to have TPL removed or send a letter for FQHC dental claims?

If the TPL was dental and is no longer active, please call the TPL unit to have the TPL removed. If the TPL is medical and not dental, select "denied" in the "Other Insurance" field and submit a letter with the claim stating there is no dental TPL, only medical TPL. Please refer to Provider Reimbursement Notice (PRN) 2014-02 for more information.

19. What if claim still denies for TPL in FQHC?

No HCA-17A is needed. The provider will file the claim on the secure provider portal, in the "Other Insurance" field select "denied" then attach a letter to the claim stating that the member does not have dental coverage. The claim will suspend and OHCA can force the TPL edit with the letter attached.



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