DISCLAIMER

• SoonerCare policy is subject to change.

• The information included in this presentation is current as of April 2021.

• 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 on the SoonerCare provider portal.

**Note:** This webinar will not include Dental Benefit Plan (DBP) Managed Care Organization (MCO) changes or Medicaid Expansion. For more information, click on the banner from the [homepage](#).

Target Audience – Dentists, Orthodontists and Administrative Staff.
AGENDA

• Covered Services
• Eligibility
• Create a Dental Prior Authorization
• View Authorization Status/PA Notices
• Resources
COVERED SERVICES
COVERED SERVICES

Services for children:
• SoonerCare (Oklahoma Medicaid) pays for preventative, diagnostic and restorative services for eligible members under the age of 21.

Services for adults:
• 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 age 21.
SERVICES REQUIRING A PRIOR AUTHORIZATION (PA)

- Endodontics
- Crowns for permanent teeth
- Dentures
- Cast frame partial dentures
- Acrylic partial dentures
- Occlusal guards
- Bridges
- Periodontal scaling and root planing
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.

- Records will not be returned.
ORTHODONTIC PRIOR AUTHORIZATION
(REQUIRED DOCUMENTS)

• 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
ORTHODONTIC PRIOR AUTHORIZATION
(DOCUMENT REQUIREMENTS)

• 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

• 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.
DISPLAY MEMBER ID CARD

The member’s ID card is available to view or print from the eligibility screen.
MEMBER ID CARD

The member ID card provides the following details:

• Member Name
• Member ID
• Member DOB
• Date Issued (date requested through the OHCA provider portal)

The member ID card does not guarantee coverage.
VERIFICATION

• The system will return eligibility results based on the criteria entered.

• The verification number and status means the eligibility verification request was accepted.
PROGRAM ELIGIBILITY

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

- More than one eligibility program coverage may appear.
- Title 19 is the eligibility program that provides coverage for most Medicaid services.
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>
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<tr>
<td>SoonerCare Choice</td>
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</table>

### Managed Care Information

#### EPSDT

#### TPL

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
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 5 business days to verify TPL.
TREATMENT HISTORY

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

<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>D1110</td>
<td></td>
<td></td>
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<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>
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<tr>
<td>10/18/2018</td>
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<td>31</td>
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<tr>
<td>10/18/2018</td>
<td>D7111</td>
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<td>10/02/2018</td>
<td>D9230</td>
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<td>D2150</td>
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<td>09/25/2018</td>
<td>D0140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/25/2018</td>
<td>D0220</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

Click on the blue hyperlink to show more details.
TREATMENT DETAILS

Treatment details will include the rendering provider information as well as service details.
CREATE A DENTAL PRIOR AUTHORIZATION
Select **Create Authorization** under the **Prior Authorization** tab.
ATTACHMENTS

• Select Dental as the authorization type.
• Enter Member ID.
• Mail and electronic attachments accepted.
• Select Add after each attachment has been uploaded.
• 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.
The prior authorization number can be used to view authorization status.

**Attachment coversheet** box will only appear if *By Mail* was previously chosen as the attachment transmission method.
VIEW AUTHORIZATION
STATUS / PA NOTICES
VIEW AUTHORIZATION STATUS

Select **View Authorization Status** under the **Prior Authorizations** tab.
SEARCH AUTHORIZATIONS

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.
• Select the Authorization Notices tab.

• System will default to 6-month Day Range unless otherwise specified.

• Select Search.
SEARCH RESULTS

The Search criteria selected in the Authorization Notices panel reflect the Search Results displayed. To access the Authorization Notice, select a 'Date Sent' link. Access to an Authorization Notice will require a file viewer. If the Authorization Notice is too large to display, you will need to contact Provider Services for assistance.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>123456789</td>
<td>03/17/2021</td>
<td>Member ID &lt;br&gt;Member Name</td>
<td>999999999A &lt;br&gt;Dr. Teeth</td>
<td>999999999A &lt;br&gt;Dr. Teeth</td>
<td>Unread</td>
</tr>
</tbody>
</table>

- Click on the Prior Authorization Number to view authorization details.
- Click on the Date Sent to change the Status from Unread to Read.
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

• 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  
mysooner care.org

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