

DENTAL PRIOR AUTHORIZATION AND AMENDMENTS

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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).

Soon-to-be-Sooners policy: [OAC 317:35-22-1](#).

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

STBS DENTAL CODES

D0120 Periodic oral evaluation	D1110 Prophylaxis
D0140 Limited oral evaluation	D1206 Fluoride varnish
D0150 Comprehensive oral evaluation	D4341 Scaling & root planing 4 or more teeth/quadrant*
D0220 Intraoral – periapical first radiographic image	D4342 Scaling & root planing 1-3 teeth/quadrant*
D0230 Intraoral – periapical each additional radiographic image	D4346 Scaling in presence of inflammation*
D0272 Bitewing – 2 radiographic images	D7140 Extraction erupted tooth
D0274 Bitewing – 4 radiographic images	D7210 Extraction erupted tooth

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



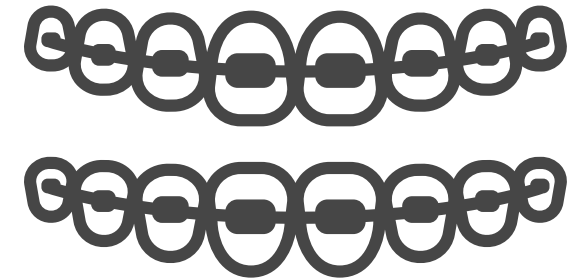
DOCUMENT REQUIREMENTS

- ✓ 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



ORTHODONTIC PA (DOCUMENT REQUIREMENTS)



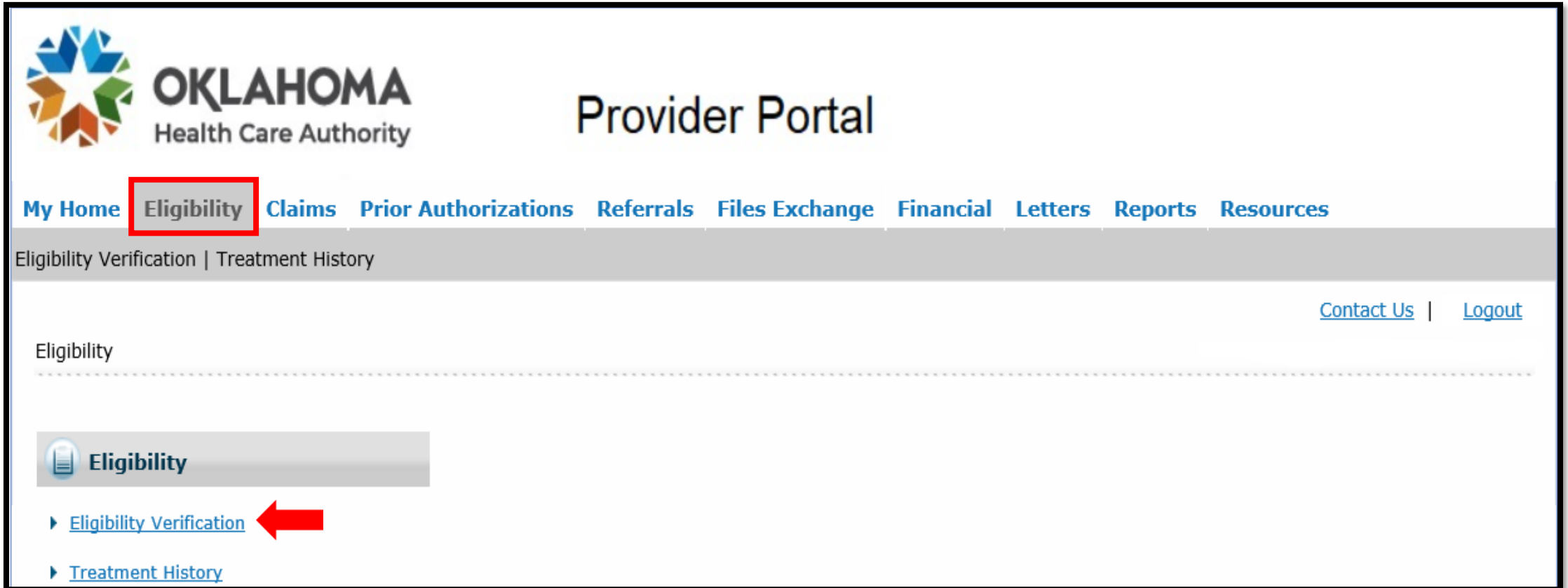
- If diagnosed as a surgical case, submit an oral surgeon's written opinion that orthognathic surgery is indicated, and the surgeon is willing to provide this service.
- Please note that study models, film, digital media or printouts must be of sufficient quality to clearly demonstrate for the reviewer 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.

ELIGIBILITY VERIFICATION



The screenshot displays the Oklahoma Health Care Authority Provider Portal. At the top left is the logo for the Oklahoma Health Care Authority, featuring a colorful starburst design. To its right, the text "OKLAHOMA Health Care Authority" is displayed. Further right, the title "Provider Portal" is centered. Below the header is a navigation menu with several tabs: "My Home", "Eligibility", "Claims", "Prior Authorizations", "Referrals", "Files Exchange", "Financial", "Letters", "Reports", and "Resources". The "Eligibility" tab is highlighted with a red rectangular box. Below the navigation menu, the breadcrumb "Eligibility Verification | Treatment History" is shown. In the top right corner, there are links for "Contact Us" and "Logout". The main content area is titled "Eligibility" and contains a sub-menu with two items: "Eligibility Verification" and "Treatment History". A red arrow points to the "Eligibility Verification" link.

OKLAHOMA Health Care Authority

Provider Portal

My Home Eligibility Claims Prior Authorizations Referrals Files Exchange Financial Letters Reports Resources

Eligibility Verification | Treatment History

Contact Us | Logout

Eligibility

Eligibility

- ▶ Eligibility Verification
- ▶ Treatment History

Select Eligibility Verification under the Eligibility tab.


VERIFICATION REQUEST

Eligibility Verification Request ?

* Indicates a required field.

Enter the patient information. If neither Member ID nor Case Number is known, enter SSN and Date of Birth or Name and Date of Birth.

Member ID	<input type="text"/>	Case Number	<input type="text"/>	SSN	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>	Date of Birth	<input type="text"/>
*From Date of Service	<input type="text"/>	*To Date of Service	<input type="text"/>		



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.

Coverage Details for Member ID 012345678 - BOBBY SOONERCARE from 02/22/2021 to 02/22/2021 [Back to Eligibility Verification Request](#) ?

Effective/End dates are shown only for the period of time requested.

Verification Number 2YZHQ94 - 02/22/2021 - Status: A [Expand All](#) | [Collapse All](#)

Eligibility		
Coverage	Effective Date	End Date
SoonerCare Choice	02/22/2021	02/22/2021
Non Emergency Transportation	02/22/2021	02/22/2021
Mental Health and Substance Abuse	02/22/2021	02/22/2021
Title 19	02/22/2021	02/22/2021

Managed Care Information +

EPSDT +

TPL +

ELIGIBILITY

Eligibility		
Coverage	Effective Date	End Date
Mental Health and Substance Abuse	07/06/2021	07/06/2021
Expansion Healthy Adult Program	07/06/2021	07/06/2021

Eligibility		
Coverage	Effective Date	End Date
SoonerCare Choice	07/01/2021	07/01/2021
Non Emergency Transportation	07/01/2021	07/01/2021
Mental Health and Substance Abuse	07/01/2021	07/01/2021
Title 19	07/01/2021	07/01/2021

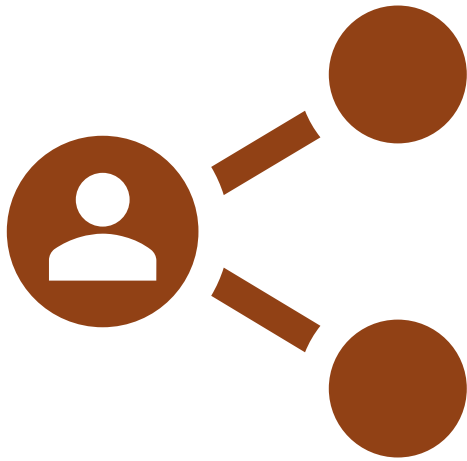
Both programs are eligible for the adult limited dental benefits.

STBS ELIGIBILITY

Individuals receiving services under STBS will display *Soon to be Sooners* on the eligibility screen of the secure provider portal.





Eligibility -		
Coverage	Effective Date	End Date
Mental Health and Substance Abuse	11/22/2021	11/22/2021
Soon to be Sooners	11/22/2021	11/22/2021

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

Eligibility 		
Coverage	Effective Date	End Date
SoonerCare Choice	02/22/2021	02/22/2021
Non Emergency Transportation	02/22/2021	02/22/2021
Mental Health and Substance Abuse	02/22/2021	02/22/2021
Title 19	02/22/2021	02/22/2021
Managed Care Information 		
EPSDT 		
TPL 		

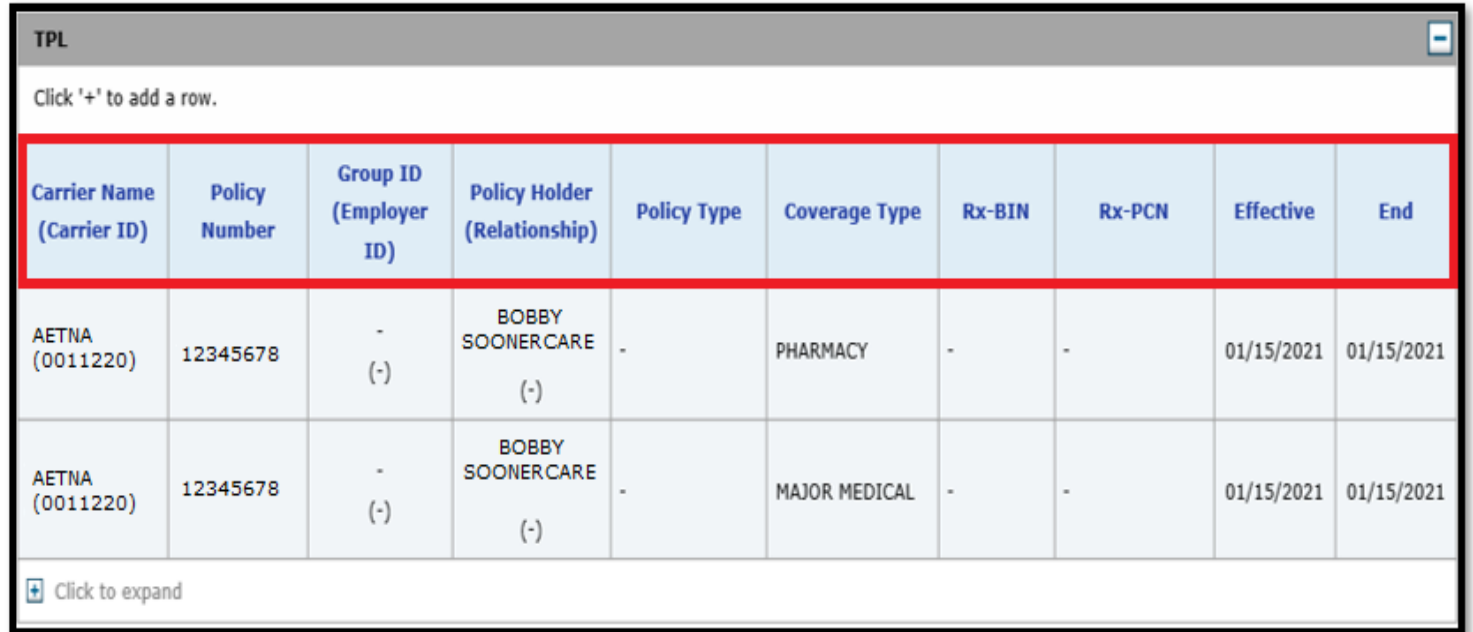


Select the + icon to expand the TPL details of the member file.

TPL RESULTS

TPL information provided:

- Carrier name and ID
- Policy number
- Group ID
- Policy holder name
- Coverage type
- Effective and end dates



TPL

Click '+' to add a row.

Carrier Name (Carrier ID)	Policy Number	Group ID (Employer ID)	Policy Holder (Relationship)	Policy Type	Coverage Type	Rx-BIN	Rx-PCN	Effective	End
AETNA (0011220)	12345678	- (-)	BOBBY SOONERCARE (-)	-	PHARMACY	-	-	01/15/2021	01/15/2021
AETNA (0011220)	12345678	- (-)	BOBBY SOONERCARE (-)	-	MAJOR MEDICAL	-	-	01/15/2021	01/15/2021

Click to expand

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.

The screenshot displays the TPL form in two states: collapsed and expanded. The top portion shows the collapsed view with a table header and a 'Click to expand' button. The bottom portion shows the expanded view with various input fields and a red arrow pointing to the 'Add' button.

Carrier Name (Carrier ID)	Policy Number	Group ID (Employer ID)	Policy Holder (Relationship)	Policy Type	Coverage Type	Rx-BIN	Rx-PCN	Effective	End
---------------------------	---------------	------------------------	------------------------------	-------------	---------------	--------	--------	-----------	-----

Click to expand

Click to collapse

* Indicates a required field.

*Carrier Name Carrier ID

*Policy Number Group ID

*Policy Holder is Person Organization

*Policy Holder Last Name *First Name MI

Policy Type

*Coverage Type

*Relationship

Effective

Rx-BIN Employer ID

End

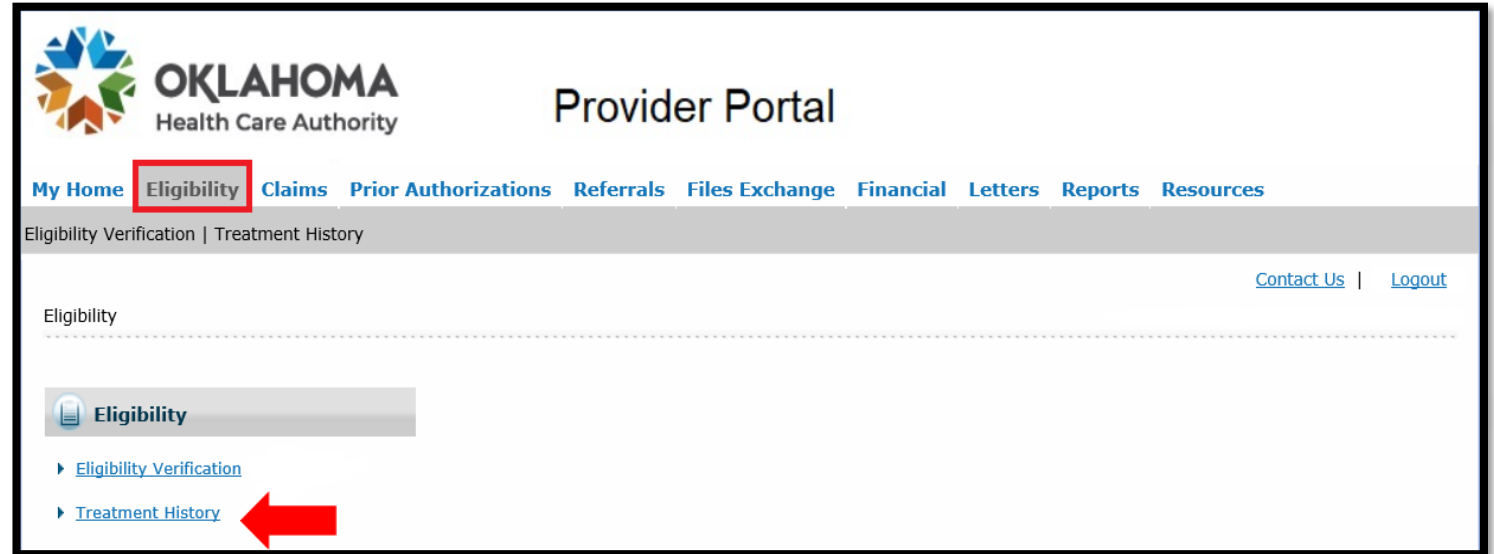
Rx-PCN

Add **Reset**

TREATMENT HISTORY

Treatment history of SoonerCare members can be found through the secure provider portal.

- Select **Treatment History** under the **Eligibility** tab.



SEARCH TREATMENT HISTORY

Search Treatment History

Medical **Dental**

* Indicates a required field.

This search feature retrieves PAID claim records for a particular member ID as of the timeframe submitted.

Enter the member ID, date of service, and procedure code or tooth number, then click **Search**. Click **Reset** to clear all fields.

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID	Last Name	First Name	Birth Date
------------	-----------	------------	------------

Service Information


Either Procedure Code or Tooth Number is required.

Procedure Code

Tooth Number

*Date of Service

- Past 1 Year
- Past 2 Years
- Past 3 Years
- Past 5 Years
- Lifetime



Select the Dental tab, enter the Member ID and the Date of Service.

LIFETIME DISCLAIMER

Selecting *Lifetime* Date of Service will return services that are only compensable once in a member's lifetime.

Search Treatment History ?

Medical **Dental**

* Indicates a required field.

This search feature retrieves PAID claim records for a particular member ID as of the timeframe submitted.

Enter the member ID, date of service, and procedure code or tooth number, then click **Search**. Click **Reset** to clear all fields.

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID	Last Name	First Name	Birth Date
------------	-----------	------------	------------

Service Information

Either Procedure Code or Tooth Number is required.

Procedure Code	<input type="text"/>	*Date of Service	Lifetime <input type="button" value="v"/>
Tooth Number	Any Tooth <input type="button" value="v"/>	Results will show services that are only compensable once per lifetime	

Search **Reset**


TREATMENT SEARCH RESULTS

Search Results			
Member ID	Member	Total Records: 12	
For Treatment Detail, click on any procedure code.			
<u>Service Date</u> ▼	<u>Procedure Code</u>	<u>Tooth Number</u>	<u>Oral Cavity Area</u>
10/18/2018	D0120		
10/18/2018	D1110		
10/18/2018	D1206		
10/18/2018	D9230		
10/18/2018	D2150	2	
10/18/2018	D2140	31	
10/18/2018	D7111	R	
10/02/2018	D9230		
10/02/2018	D2150	15	
10/02/2018	D2140	18	
09/25/2018	D0140		
09/25/2018	D0220	15	

Click on the blue hyperlink to show more details.

TREATMENT DETAILS

Treatment details will include the rendering provider information as well as service details.


View Treatment Details For D1110 [Back to Search Results](#) 

Member Information

Member ID	Member
Birth Date	

Rendering Provider Information

Rendering Provider ID 123456789	ID Type NPI	Name Dr. Teeth
Address 4345 N Lincoln Blvd		Phone 555-555-5555
City -	State Oklahoma	Zip Code

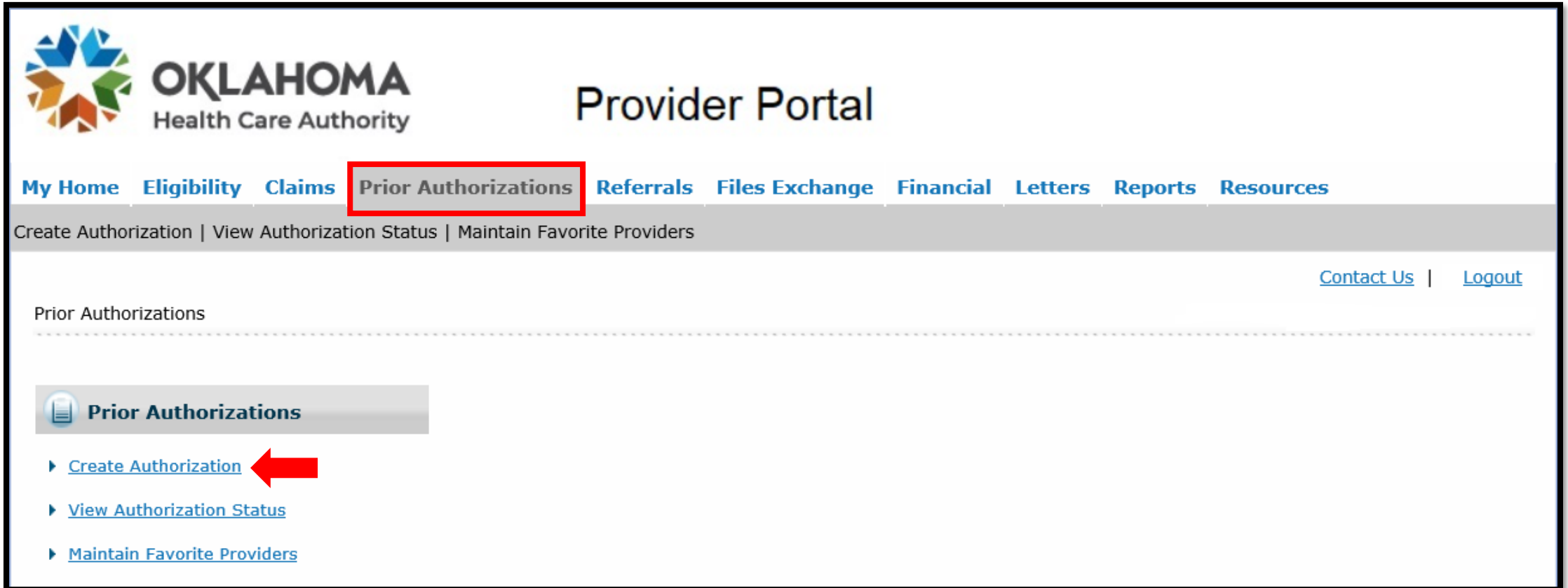
Treatment Details 

Service Date	Procedure Code	Tooth Number	Oral Cavity Area
10/18/2018	D0120		NotSpecified
10/18/2018	D1110		NotSpecified
10/18/2018	D2140	31-LOWER RIGHT SECOND MOLAR	NotSpecified
10/18/2018	D2150	2-UPPER RIGHT SECOND MOLAR	NotSpecified
10/18/2018	D9230		NotSpecified
10/18/2018	D7111	R-LOWER RIGHT PRIMARY CANINE - CUSPID	NotSpecified
10/18/2018	D1206		NotSpecified

[Print Preview](#)

CREATE A DENTAL PRIOR AUTHORIZATION

CREATE AUTHORIZATION



The screenshot displays the Oklahoma Health Care Authority Provider Portal. At the top left is the logo for the Oklahoma Health Care Authority, featuring a colorful starburst design. To its right, the text "OKLAHOMA Health Care Authority" is displayed. Further right, the page title "Provider Portal" is shown. Below the header is a navigation menu with several tabs: "My Home", "Eligibility", "Claims", "Prior Authorizations", "Referrals", "Files Exchange", "Financial", "Letters", "Reports", and "Resources". The "Prior Authorizations" tab is highlighted with a red rectangular box. Below the navigation menu, there is a sub-menu for "Prior Authorizations" with three options: "Create Authorization", "View Authorization Status", and "Maintain Favorite Providers". A red arrow points to the "Create Authorization" link. In the top right corner of the page, there are links for "Contact Us" and "Logout".

OKLAHOMA Health Care Authority

Provider Portal

My Home Eligibility Claims **Prior Authorizations** Referrals Files Exchange Financial Letters Reports Resources

Create Authorization | View Authorization Status | Maintain Favorite Providers

[Contact Us](#) | [Logout](#)

Prior Authorizations

Prior Authorizations

- ▶ [Create Authorization](#)
- ▶ [View Authorization Status](#)
- ▶ [Maintain Favorite Providers](#)

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.

Create Authorization ?

* Indicates a required field.

Medical **Dental**

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

[Expand All](#) | [Collapse All](#)

Requesting Provider Information [-]

This panel contains provider information.

Zip Code	Provider ID	Contract Code	ID Type NPI Taxonomy	Name SC Provider Number
----------	-------------	---------------	-------------------------	----------------------------

Member Information [-]

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID				
Last Name		First Name		Middle
Birth Date				

Attachments [-]

Click the **Remove** link to remove the entire row.

Transmission Method	File	Control #	Action
---------------------	------	-----------	--------

Click to collapse.


*Transmission Method	EL-Electronic Only		
*Upload File	<input type="text"/>	<input type="button" value="Browse..."/>	
*Description	<input type="text"/>		

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.


Other Information

Assignment Code must be selected from the dropdown. The Assignment Code can be viewed in the Prospective Authorizations results panel and in the Search Results panel when using Search Authorizations.

*Assignment Code Fund Managed Care Letter? 


Diagnosis Information

Click the **Remove** link to remove the entire row.

ICD Version	Diagnosis Code	Action
Click to collapse.		
*ICD Version <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	
 <input type="button" value="Add"/> <input type="button" value="Cancel"/>		

Remarks

Remarks are **Optional**. Click '+' to view, click '-' to collapse the row. Once you enter a remark, it is **required** to click the Add button. Click **Remove** to remove the remark row.

Remarks	Action
Click to collapse.	
*Remarks <input type="text"/>	
 <input type="button" value="Add"/> <input type="button" value="Cancel"/>	

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.

The screenshot shows a web form titled "Service Details". At the top, there is a header bar with the title and a collapse icon. Below the header, there is a row of instructions: "Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row." Below this is a table with columns: "From Date", "To Date", "Code", "Tooth Number", "Oral Cavity Area", "Units", and "Action". Below the table, there is a "Click to collapse" link. The main form area contains several fields: "*From Date" (calendar icon), "To Date" (calendar icon), "*Code Type" (dropdown menu with "ADA" selected), and "*Code" (text input). Below these is a note: "Appropriate modifier(s) must be submitted on PA for claims processing." followed by "*Units" (text input), "Dollars" (text input), and "Payment Method" (dropdown menu with "1-Pay System Calculated Price" selected). Below that are "Tooth Number" (dropdown menu), "Oral Cavity Area" (dropdown menu), and two more empty dropdown menus. At the bottom of the form, there are two buttons: "Add Service" and "Cancel Service". A red arrow points to the "Add Service" button. At the very bottom of the form, there are two buttons: "Submit" and "Cancel". A red arrow points to the "Submit" button.

CONFIRM

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

Confirm Authorization ?

Click Confirm to submit authorization. Click Back to change data entered.

Medical Dental

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

[Expand All](#) | [Collapse All](#)

Requesting Provider Information -

Zip Code	Provider ID	Contract Code	ID Type NPI Taxonomy	Name SC Provider Number
----------	-------------	---------------	-------------------------	----------------------------

Member Information -

Member ID	Member
-----------	--------

Attachments -

Transmission Method	File	Control #
EL-Electronic Only	PA15.jpg (88K)	20210317595103

Other Information -

Assignment Code	DENTAL-GENERAL	Managed Care	
Fund		Letter?	

Diagnosis Information -


No Diagnosis Codes exist for this authorization

Remarks -


No Remarks exist for this authorization

Service Details -

From Date	To Date	Code	Tooth Number	Oral Cavity Area	Units
02/26/2021	02/26/2021	D3330-END THXPY, MOLAR TOOTH			1



AUTHORIZATION RECEIPT

Authorization Receipt 

Your Prior Authorization Number 0123456789 was successfully submitted.

Click **Attachment Coversheet** to view the authorization attachments coversheet.
Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.

[Print Preview](#) [Copy](#) [New](#)

- 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

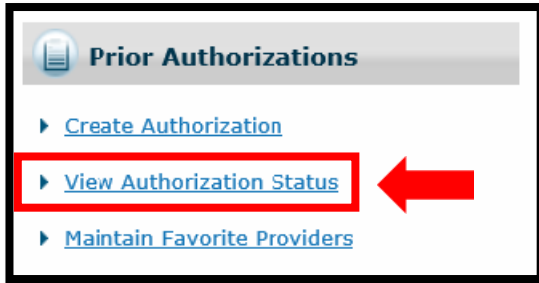
- Amendments can only be requested for a PAR in an approved status.
- Amendments must be received within six months from the date of service.
- [DEN-7](#) form is required for general dental amendment requests.
- [DEN-7](#) form is required along with a remark for all orthodontic amendment requests.

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.

The screenshot shows the 'View Authorization Status' search interface. At the top, there are tabs for 'Prospective Authorizations', 'Search Authorizations', and 'Authorization Notices'. Below the tabs, there is a search instruction: 'Enter at least one of the following fields to search for an authorization. For Advanced search PA or Member ID/day range is required.' The 'Authorization Information' section contains an 'Advanced Search' checkbox, a 'Prior Authorization Number' text input field (containing '1234567890' and highlighted with a red box and a red arrow), an 'Assignment Code' dropdown, a 'Code Type' dropdown, and a 'Code' text input field. Below this is a section for selecting a 'Day Range' or 'Service Date'. The 'Member Information' section has a 'Member ID' text input field. The 'Provider Information' section has a 'Provider NPI' text input field and radio buttons for 'Servicing Provider on the Authorization' (selected) and 'Referring Provider on the Authorization'. At the bottom of the search section are 'Search' and 'Reset' buttons. The 'Search Results' section shows a message: 'The Search criteria selected in the Search Authorizations panel reflect the Search Results displayed.' and 'Total Records: 1'. Below this is a table with the following data:

Prior Authorization Number	Authorized Service Date	Member Name	Member ID	Assignment Code	Requesting Provider	Servicing Provider
1234567890		SOONERCARE, KERRY	B33333333	CLINIC	IMAGINARY MEDICAL CENTER	

A red arrow points from the left towards the '1234567890' value in the first column of the table.

- 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.

Payment Method 1-Pay System Calculated Price Reason 554-Subject to post-pay review/recoup for medical necessity IQ Review Summary										
G	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	76825-ECHO EXAM OF FETAL HEART	Approved
Payment Method 1-Pay System Calculated Price Reason 554-Subject to post-pay review/recoup for medical necessity IQ Review Summary										
H	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	62263-EPIDURAL LYSIS MULT SESSIONS	Approved
Payment Method 1-Pay System Calculated Price Reason 546-Subject to post-pay review/recoup for medical necessity IQ Review Summary										
I	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	78811-PET IMAGE LTD AREA	Approved
Payment Method 1-Pay System Calculated Price Reason 554-Subject to post-pay review/recoup for medical necessity IQ Review Summary										
J	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	77423-NEUTRON BEAM TX COMPLEX	Approved
Payment Method 1-Pay System Calculated Price Reason 546-Subject to post-pay review/recoup for medical necessity IQ Review Summary										
View Original Request Print Preview										



[Go to Top](#)

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.

Diagnosis Information -

ICD Version	Diagnosis Code
ICD-10-CM	S13110D-SUBLUXATION OF C0/C1 CERVICAL VERTEBRAE, SUBS ENCNTR

Remarks -

Remarks	Action

Service Details -

	From Date	To Date	Code	Modifiers	Units	Cancel	Amend
+	02/03/2022	02/28/2022	MA007-Adult Chiropractic		5	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	23410-REPAIR ROTATOR CUFF ACUTE		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	22612-ARTHRD PST TQ 1NTRSPC LUMBAR		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	78451-HT MUSCLE IMAGE SPECT SING		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	A6530-COMPRESSION STOCKING BK18-30		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	70544-MR ANGIOGRAPHY HEAD W/O DYE		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	76825-ECHO EXAM OF FETAL HEART		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	62263-EPIDURAL LYSIS MULT SESSIONS		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	78811-PET IMAGE LTD AREA		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	77423-NEUTRON BEAM TX COMPLEX		1	<input type="checkbox"/>	<input type="checkbox"/>

Print Preview
Submit
Cancel

- 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)

Diagnosis Information -

ICD Version	Diagnosis Code
ICD-10-CM	S13110D-SUBLUXATION OF C0/C1 CERVICAL VERTEBRAE, SUBS ENCNTR


Remarks -

Remarks
Amend

Service Details -

	From Date	To Date	Code	Modifiers	Units	Cancel	Amend
+	02/03/2022	02/28/2022	MA007-Adult Chiropractic		5	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	23410-REPAIR ROTATOR CUFF ACUTE		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	22612-ARTHRO PST TQ 1INTRSPC LUMBAR		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	78451-HT MUSCLE IMAGE SPECT SING		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	A6530-COMPRESSION STOCKING BK18-30		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	70544-MR ANGIOGRAPHY HEAD W/O DYE		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	76825-ECHO EXAM OF FETAL HEART		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	62263-EPIDURAL LYSIS MULT SESSIONS		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	78811-PET IMAGE LTD AREA		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	77423-NEUTRON BEAM TX COMPLEX		1	<input type="checkbox"/>	<input type="checkbox"/>

Print Preview
Submit
Cancel



- 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.

Member ID B12345678 Member Kerry SoonerCare
 Birth Date 08/05/1999

Service Provider Information

Provider ID _ ID Type _ Name _
 Zip Code _ Contract Code _ Taxonomy _ SC Provider Number _

Attachments

Instructions for submission of a **Medical** amendment and must be followed. The required attachments to be uploaded MUST include:

- Completed [DEN-7](#)
- All Supporting documentation for review

NOTE: MAU will be 6 months from END date.

	Transmission Method	File	Control #	Action
+	EL-Electronic Only	HCA-13A.pdf	20220203457250	

Click to collapse.

Transmission Method EL-Electronic Only

*Upload File Browse...
 *Description

Other Information

Assignment Code GENERAL Managed Care No
 Fund _ Letter? No

Diagnosis Information

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.

Zip Code _ Contract Code _ Taxonomy _ SC Provider Number _

Attachments -

Instructions for submission of a **Medical** amendment and must be followed. The required attachments to be uploaded MUST include:

- Completed [DEN-7](#)
- All Supporting documentation for review

NOTE: MAU will be 6 months from END date.

	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	HCA-13A.pdf	20220203457250	
<input type="checkbox"/>	EL-Electronic Only	Wellness Release 2018.pdf (0K)	20220323209630	Remove

Click to collapse.

Transmission Method EL-Electronic Only

***Upload File**

***Description**


Other Information -

If the amendment request is for orthodontic services, a remark stating the reason for the request, must be entered in the remarks section.

The screenshot shows a web form titled "Remarks" with a collapse icon in the top right corner. Below the title is a text instruction: "Remarks are **Optional**. Click '+' to view, click '-' to collapse the row. Once you enter a remark, it is **required** to click the Add button. Click **Remove** to remove the remark row." Below this is a table with two columns: "Remarks" and "Action". Under the "Remarks" column, there is a text input field with a red asterisk and the label "*Remarks" to its left. The input field is highlighted with a red rectangular border. Below the input field are two buttons: "Add" and "Cancel".

The last step in submitting an Amendment request is to click on the Submit button.

	From Date	To Date	Code	Modifiers	Units	Cancel	Amend
<input type="checkbox"/>	02/03/2022	02/28/2022	MA007-Adult Chiropractic		5	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	23410-REPAIR ROTATOR CUFF ACUTE		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	22612-ARTHROD PST TQ 1INTRSPC LUMBAR		1		<input checked="" type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	78451-HT MUSCLE IMAGE SPECT SING		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	A6530-COMPRESSION STOCKING BK18-30		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	70544-MR ANGIOGRAPHY HEAD W/O DYE		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	76825-ECHO EXAM OF FETAL HEART		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	62263-EPIDURAL LYSIS MULT SESSIONS		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	78811-PET IMAGE LTD AREA		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	77423-NEUTRON BEAM TX COMPLEX		1	<input type="checkbox"/>	<input type="checkbox"/>



Once you have clicked the Submit button, the page will refresh and give you a message of a successful submission.

[Contact Us](#) | [Logout](#)

[Prior Authorizations](#) > [View Authorization Status](#) > [View Authorization Response](#) > View Authorization Wednesday 03/23/2022 09:46 AM CST

Informational
The request has been submitted successfully. ←

Authorization Request [Back to View Authorization Response](#) ?

Medical Dental

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

[Expand All](#) | [Collapse All](#)

Requesting Provider Information [-]

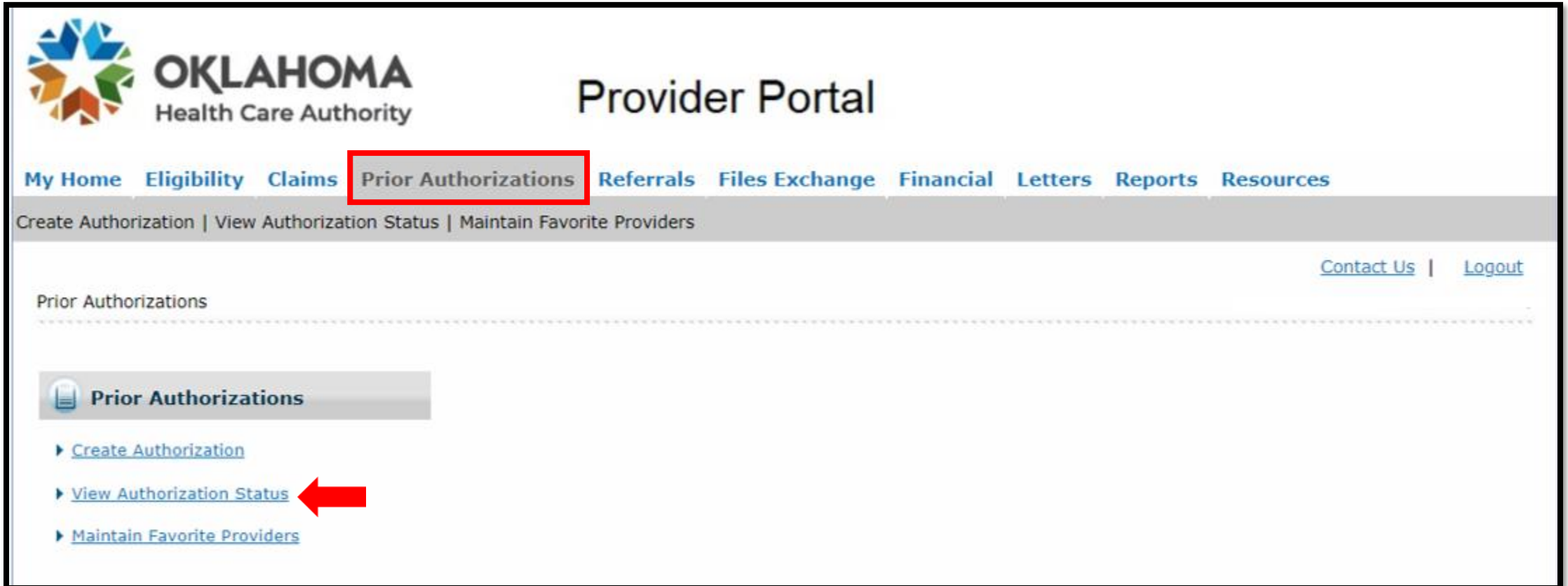
Provider ID	111222333	ID Type	NPI	Name	Doctor Medical
Zip Code	74960-3217	Contract Code	_	Taxonomy	123A45678B
				SC Provider Number	123456789 A

Member Information [-]

Member ID	B12345678	Member	Kerry SoonerCare
Birth Date	08/05/1999		

**VIEW AUTHORIZATION
STATUS / PA NOTICES**

VIEW AUTHORIZATION STATUS



The screenshot displays the Oklahoma Health Care Authority Provider Portal. At the top left is the logo for the Oklahoma Health Care Authority, featuring a colorful starburst design. To its right, the text "OKLAHOMA Health Care Authority" is displayed. Further right, the title "Provider Portal" is centered. Below the header is a navigation menu with several tabs: "My Home", "Eligibility", "Claims", "Prior Authorizations", "Referrals", "Files Exchange", "Financial", "Letters", "Reports", and "Resources". The "Prior Authorizations" tab is highlighted with a red rectangular box. Below the navigation menu is a secondary menu with the options "Create Authorization", "View Authorization Status", and "Maintain Favorite Providers". In the top right corner of the page, there are links for "Contact Us" and "Logout". Below the secondary menu, there is a section titled "Prior Authorizations" with a dashed line separator. Underneath this section is a grey button labeled "Prior Authorizations" with a document icon. Below the button are three links: "Create Authorization", "View Authorization Status", and "Maintain Favorite Providers". A red arrow points to the "View Authorization Status" link.

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**.

View Authorization Status

Prospective Authorizations **Search Authorizations** Authorization Notices

Enter at least one of the following fields to search for an authorization.
For Advanced search PA or Member ID/day range is required.

Authorization Information

Advanced Search

Prior Authorization Number

Assignment Code

Code Type

Code

Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.

Authorized Day Range **OR** **Authorized Service Date**

Member Information

Member ID

Provider Information

Provider NPI

This Provider is the Servicing Provider on the Authorization
 Referring Provider on the Authorization

Search **Reset**

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.

View Authorization Status

Prospective Authorizations **Search Authorizations** Authorization Notices

Enter at least one of the following fields to search for an authorization.
For Advanced search PA or Member ID/day range is required.

Authorization Information

Advanced Search Medical Dental Both

Prior Authorization Number

Assignment Code

Code Type

Code

Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.

Authorized Day Range **OR** **Authorized Service Date**

Member Information

Member ID

Provider Information

Provider NPI

This Provider is the Servicing Provider on the Authorization
 Referring Provider on the Authorization

Search **Reset**

AUTHORIZATION NOTICES

- Select the Authorization Notices tab.
- System will default to 6-month Day Range unless otherwise specified.
- Select Search.

View Authorization Status

Prospective Authorizations Search Authorizations **Authorization Notices**

Enter at least one of the following fields to search for an authorization.

Provider Information

SC Provider Number
Unread Notices 1

Search Criteria

Prior Authorization Number
Code Type
Member ID
Last Name
Code
First Name

Select a Day Range or Specify a Date Range

Day Range OR *From *To

Search **Reset**

SEARCH RESULTS

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.					
					Total Records: 1
Prior Authorization Number	Date Sent ▼	Member	Requesting Provider	Servicing Provider	Status
123456789	03/17/2021	Member ID Member Name	9999999999A Dr. Teeth	9999999999A Dr. Teeth	Unread

- 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.

The screenshot shows a web-based authorization details form. At the top right, there are links for "Expand All" and "Collapse All". The form contains several sections: "Prior Authorization Number" with fields for Submission Date (02/26/2021), Decision Date, Media Type (WEB), Update Received, Date Received (02/26/2021), and Date Mailed (02/26/2021). Below this are expandable sections for "Requesting Provider Information", "Member Information", "Attachments" (showing a file named PA15.jpg), "Other Information", "Diagnosis Information", and "Remarks". The "Remarks" section is highlighted with a red box and contains the text: "2/26/2021 OHCA Remarks: Please send R/L BW's and TX plan". Below the remarks is the "Service Details information" section, which contains a table with columns: Line, Authorized From Date, Authorized To Date, Requested From Date, Requested To Date, Units, Units Used, Dollars, Dollars Used, Code, and Status. The table has one row (Line A) with the following values: 02/26/2021, 02/26/2021, 02/26/2021, 02/26/2021, 1, 0, -, -, D3330-END THXPY. MOLAR TOOTH, and Pending Documents. The "Status" cell is highlighted with a red box. Below the table, there is a "Payment Method" section with the value "1-Pay System Calculated Price" and a "Reason" section with the value "068-Request pending for additional documentation.", both highlighted with red boxes. At the bottom of the form, there are two buttons: "View Original Request" (with a red arrow pointing to it) and "Print Preview".

Line	Authorized From Date	Authorized To Date	Requested From Date	Requested To Date	Units	Units Used	Dollars	Dollars Used	Code	Status
A	02/26/2021	02/26/2021	02/26/2021	02/26/2021	1	0	-	-	D3330-END THXPY. MOLAR TOOTH	Pending 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.

Attachments

Transmission Method	File	Control #	Action
EL-Electronic Only	HCA-13D Updated.pdf		

Click to collapse.

*Transmission Method: **BM-By Mail**
*Description: EL-Electronic Only

Add **Cancel**

Service Details

From Date	To Date	Code	Modifiers	Tooth Number	Units	Cancel
03/01/2019	06/01/2019	D4342-PERIODONTAL SCALING 1-3TEETH			1	<input type="checkbox"/>
03/01/2019	06/01/2019	D4342-PERIODONTAL SCALING 1-3TEETH			1	<input type="checkbox"/>
03/01/2019	06/01/2019	D4342-PERIODONTAL SCALING 1-3TEETH			1	<input type="checkbox"/>
03/01/2019	06/01/2019	D4342-PERIODONTAL SCALING 1-3TEETH			1	<input type="checkbox"/>
03/01/2019	06/01/2019	D4342-PERIODONTAL SCALING 1-3TEETH			1	<input type="checkbox"/>

Print Preview **Submit**

Informational
The request has been submitted successfully.

Authorization Request [Back to View Authorization Response](#)

RESOURCES

HELPFUL TELEPHONE NUMBERS



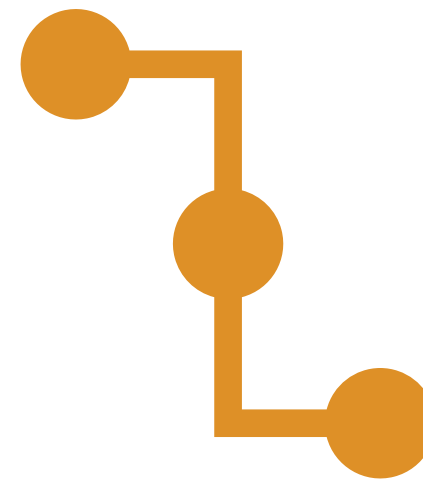
- Dental prior authorization
 - 405-522-7401
 - Dentalservices@okhca.org
- OHCA provider helpline
 - 800-522-0114, option 1
- Internet help desk
 - 800-522-0114, option 2,1

HELPFUL LINKS

- Dental provider page
 - <https://oklahoma.gov/ohca/providers/types/dental/dental.html>
- Dental newsletter
 - <https://oklahoma.gov/ohca/providers/types/dental/dental-newsletter.html>
- 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?



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Oklahoma.gov/ohca
mysoonercare.org

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

