Dental Prior Authorization Webinar

Fall 2017
CREATE PRIOR AUTHORIZATION (PA)
CREATE PA, CONT.
DIAGNOSIS INFORMATION IS REQUIRED

<table>
<thead>
<tr>
<th>Diagnosis Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICD Version</strong></td>
</tr>
<tr>
<td><strong>Diagnosis Code</strong></td>
</tr>
<tr>
<td><strong>Action</strong></td>
</tr>
<tr>
<td>ICD-10-CM</td>
</tr>
<tr>
<td>K027-DENTAL ROOT CARIES</td>
</tr>
</tbody>
</table>

You have reached the maximum number of rows allowed for this list.
DIAGNOSIS INFORMATION RESOURCES

www.okhca.org

- Providers > Dental > Dental ICD-10 Information
- ICD-10
- Google search
CREATE PRIOR AUTHORIZATION

“DO NOT” add service until all attachments have been added.
# ADD ELECTRONIC ATTACHMENTS

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File</th>
<th>Control #</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EL-Electronic Only</td>
<td>C:\Users\gillums\Pictures\PA15.jpg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Description**: PA 15

[Add Button] [Cancel Button]
### ADD BY MAIL ATTACHMENTS

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File</th>
</tr>
</thead>
<tbody>
<tr>
<td>BM-By Mail</td>
<td>PA, R/L BW's, Pano, Tx plan</td>
</tr>
</tbody>
</table>

- **Add**
- **Cancel**

**Submit** | **Cancel**
ATTACHMENTS ARE LISTED

<table>
<thead>
<tr>
<th>Transmission Method</th>
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<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EL-Electronic Only</td>
<td>PA15.jpg (120K)</td>
<td>20170310276796</td>
<td>Remove</td>
</tr>
<tr>
<td>EL-Electronic Only</td>
<td>Pano.jpg (750K)</td>
<td>20170310235820</td>
<td>Remove</td>
</tr>
<tr>
<td>EL-Electronic Only</td>
<td>LBW.jpg (121K)</td>
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</tr>
<tr>
<td>EL-Electronic Only</td>
<td>RBW.jpg (113K)</td>
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<td>Remove</td>
</tr>
<tr>
<td>EL-Electronic Only</td>
<td>Treatment Plan.pdf</td>
<td>20170310593541</td>
<td>Remove</td>
</tr>
</tbody>
</table>

*Transmission Method: EL-Electronic Only*
Add service after all attachments are complete
## Service Details

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.

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Modifiers</th>
<th>Tooth Number</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/10/2017</td>
<td>03/10/2017</td>
<td>D3330-END THXPY, MOLAR</td>
<td>15-UPPER LEFT SECOND MOLAR</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>03/10/2017</td>
<td>03/10/2017</td>
<td>D2954-PREFAB POST/CORE + CROWN</td>
<td>15-UPPER LEFT SECOND MOLAR</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>03/10/2017</td>
<td>03/10/2017</td>
<td>D2740-CROWN PORCELAIN/CERAMIC SUBS</td>
<td>15-UPPER LEFT SECOND MOLAR</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

- **Action**: 5
  - Copy | Remove
  - Copy | Remove
  - Copy | Remove

Continue to add services (maximum of 12 line items are allowed per authorization request), then submit when finished.
**CONFIRM**

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

- Medical
- Dental
- Therapy
- Imaging

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.

**Requesting Provider Information**
- Provider ID: 1924805702
- Zip Code: 73105
- ID Type: NPI
- Taxonomy: 1223G0001X
- Name: DONALD DUCK

**Member Information**
- Member ID: DAFFNEY V DUCK
- Birth Date: 

**Other Information**
- Assignment Code: DENTAL-GENERAL
- Fund: 
- Managed Care: 
- Letter?: 

**Diagnosis Information**
- ICD Version: ICD-10-CM
- Diagnosis Code: K027-DENTAL ROOT CARIES

**Service Details**

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**Confirm**
“BY MAIL” attachments require the HCA-13D coversheet.
DENTAL AUTHORIZATION ATTACHMENT
COVERSHEET HCA-13D

STATE OF OKLAHOMA
Oklahoma Health Care Authority
Dental Prior Authorization Attachment
Cover Sheet

Three fields below are required and must match the prior authorization request.

1. Rendering Provider SoonerCare ID: 2222222222A
2. Member ID Number: B99999999
3. Prior Authorization Number: 1234567890

Purpose:
This form is to be used when a prior authorization request (PAR) requiring a paper attachment is being submitted. Submission of the completed forms along with the required attachment will allow the appropriate review process to be conducted by the OHCA.

Instructions:
1. Box 1; fill in the Rendering Provider SoonerCare ID Number.
2. Box 2; fill in the 9-digit Member ID Number.
3. Box 3; fill in the Prior Authorization Number.
   a. To submit additional documentation or attachments, enter the existing PAR number in box 3 to assure your documentation will be linked with the correct existing PAR.
4. The Attachments box is to be checked when sending attachments.
5. The Additional Documentation box is to be checked when submitting additional documentation to be added to an existing PAR. Enter the PAR number in box 3 above so your documentation will be linked with the correct existing PAR.
6. The Photos box is to be checked when submitting photos for review.
   Mail to: HP/Dental Authorization; P.O. Box 548804, Oklahoma City, OK. 73154
7. The X-Ray box is to be checked when submitting X-Rays for review.
   Mail to: HP/Dental Authorization; P.O. Box 548804, Oklahoma City, OK. 73154

This form is for use with Dental Prior Authorization requests requiring attachments.

Sender’s Name: ___________________________ Phone Number: ___________________________

OHCA Revised: 05/22/2015

Print Close
VIEW AUTHORIZATION STATUS
Click on prior authorization number to open
Click on Print Preview or blue hyperlinks to obtain tooth numbers and remarks.
VIEW AUTHORIZATION RESPONSE, CONT.

![View Authorization Response](image)

**Prior Authorization Number**
- **Submission Date:**
- **Decision Date:**

**Requesting Provider Information**

**Member Information**

**Other Information**

**Diagnosis Information**

**Service Details Information**

<table>
<thead>
<tr>
<th>Line</th>
<th>Authorized From Date</th>
<th>Authorized To Date</th>
<th>Requested From Date</th>
<th>Requested To Date</th>
<th>Units</th>
<th>Units Used</th>
<th>Dollars</th>
<th>Dollars Used</th>
<th>Code</th>
<th>Remarks</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>03/10/2017</td>
<td>03/10/2017</td>
<td>03/10/2017</td>
<td>03/10/2017</td>
<td>1</td>
<td>0</td>
<td>_</td>
<td>_</td>
<td>D3330-END THXPY, MOLAR</td>
<td>Hide</td>
<td>Pending Documents</td>
</tr>
</tbody>
</table>

**Payment Method**
- 1-Pay System Calculated Price

**Reason**
- 099-Request needed for additional documentation

**Remarks**
- 1/3/2017 Please submit PA x-ray

**Dental Information**
- Tooth No.
- 15-UPPER LEFT SECOND MOLAR
- Oral Cavity Area
ADVANCED SEARCH

Advanced search allows you to see all of a members dental prior authorizations regardless of requesting provider.

For Advanced search PA or Member ID/day range is required.

Member ID: B99999999

Prior Authorization Number: 5817400000

Authorized Service Date: 03/10/2017

Requesting Provider: Mickey Mouse
ATTACH PENDING DOCUMENTS
Click on + sign to open an attachment box

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ATTACH PENDING DOCUMENTS, CONT.

Transmission Method box opens up to allow you to attach requested documents.

Original attachments are shown.

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<td>EL-Electronic Only</td>
<td>LBW.jpg</td>
<td>20170813490962</td>
<td></td>
</tr>
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</table>

Click to collapse.
After all pending documents are added then click on submit.
Once you receive this message “DO NOT” hit submit again or you will get an error.
SEARCH NOTICES
SEARCH NOTICES, **CONT.**
TREATMENT HISTORY
"WARNING" lifetime only gives you history on once per lifetime services, NOT LIFETIME HISTORY
TREATMENT HISTORY RESULTS

Click on blue hyperlinks to view more information.
TREATMENT HISTORY, **CONT.**
REQUIRED DOCUMENTS FOR PRIOR AUTHORIZATIONS

Minimum records to be submitted with every dental request include:

- HCA-13D coversheet for “BY MAIL” dental prior authorizations
- Periapical films of tooth/teeth involved
- Right and left bitewing x-rays
- Comprehensive treatment plan
- Six-point periodontal charting, if requesting periodontal services
ORTHODONTIC PRIOR AUTHORIZATION
REQUIRED DOCUMENTS

Minimum records to be submitted with comprehensive orthodontic request:

• Completed and scored handicapping labio-lingual deviations index (DEN-6) with diagnosis of angle’s classification

• Intraoral photographs showing teeth in centric occlusion and/or photographs of trimmed anatomically occluded diagnostic casts. A lingual view of casts may be included to verify impinging overbites
ORTHODONTIC PRIOR AUTHORIZATION
REQUIRED DOCUMENTS, \textit{cont.}

- Detailed description of any oral maxillofacial anomaly
- Estimated length of treatment
- Cephalometric x-rays with tracing, and panoramic film
- 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 the service.
- Referral from general dentist (DEN-2)
- Caries risk assessment
COMMON LINE ITEM ERRORS

Each requested service must have its own line item

For example:

- D4341 UR
- D4341 UL
- D4341 LR
- D4341 LL

Incorrect:

D4341 4 units
DID YOU KNOW?

• Dental provider contracts expire on 9/30/2017
  - Renewal process began on 7/17/2017
• Group contracts expire on 11/30/2017
  - Renewal process began on 9/6/2017
• Web alerts now has an option for provider training
CONTACT US

Dental Prior Authorization
405-522-7401

Provider Services
405-522-6205
800-522-0114
DENTAL PRIOR AUTHORIZATION TEAM

• Dr. Courtney Barrett – Dentist
• Dr. Richard Gilman – Orthodontic Consultant
• Tracy Matthews – Dental Program Coordinator
• Dana Drew – Dental Analyst
• Sara Gillum – Dental Analyst
• Wendy Payne – Dental Analyst
• Tiira Carreon – Administrative Assistant
Questions