

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b> <b>Revised: X</b> <b>Current:</b>	<b>Date:</b> <b>Date: 06/01/06</b> <b>05/01/08</b>
<b>Section: Dental</b>	<b>Section: 11.20</b> <b>Pages: 3</b>	
<b>Subject: Authorization (Prior Authorization/ Authorization Prior to Billing)</b>	<b>Cross Reference: 11.11 Periodontic Procedures 11.02 Dental Programs</b>	

### **Services Requiring Prior Authorization**

- All orthodontic procedures - under age 21
- Sealants applied to primary teeth - under age 21
- Some periodontal services - under age 21 (refer to section 11.11 of this manual)
- Prosthodontics removable partials - under age 21
- Tooth transplantation - under age 21
- Inpatient dental services (medical necessity through UM/QIO) - under age 21
- Palatal lift prosthesis, definitive - under age 21
- Surgical access of an unerupted tooth
- Radical resection of mandible with tooth bone graft
- Arthrotomy
- Complicated suture greater than 5cm
- Osteoplasty - for orthognathic deformities
- Osteotomy - mandibular rami
- Osteotomy - mandibular rami with bone graft, includes obtaining the graft
- Osteotomy – segmented or subapical – per sextant or quadrant
- Osteotomy – body of mandible
- Lefort I (Maxilla – total)
- Lefort I (maxilla – segmented)
- Lefort II or Lefort III (osteoplasty of facial bones for midface hypoplasia)
- Repair of maxillofacial soft and hard tissue defect
- Closure of salivary fistula
- Coronoidectomy
- All porcelain crowns
- All procedures billed under unspecified procedure codes

### **Services Requiring Authorization Prior to Billing**

- Palliative (emergency) treatment of dental pain – minor procedure. Refer to section 11.02 of this manual.

**The list of procedures requiring prior authorization/authorization prior to billing is not a guarantee of coverage or approval.**

### **Authorization Forms**

There are two separate authorization request forms for the dental program. The Dental Services Orthodontics Authorization Request Form (MA-1097) is for prior approval of orthodontic treatment only.

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For all other dental services, providers must use the Dental Services Authorization Request form (MA-1098).

All requests for authorization must be reviewed and approved by the DOM dental consultant **before** the procedure is performed, except in the case of an emergency. Dental providers must document the treatment plan on the request form and attach supporting documentation and radiographs when required.

If the consultant needs additional information, the authorization request will be returned to the provider for further documentation. It is the provider's responsibility to resubmit the prior authorization request along with the requested information.

If there is sufficient information to review the authorization request, then the original form will be returned to the provider, clearly marked as either approved with a corresponding dollar amount or marked "denied." If the authorization request is denied, the consultant will indicate the reason for denial on the face of the form.

It is possible for the request to be only partially approved. The denied procedures will be marked and the prior authorization will apply only to those procedures on the treatment plan which were approved.

### **Hospitalization**

Inpatient hospitalization for dental treatment may be approved when the beneficiary's age, medical or mental problems, and/or the extent of treatment necessitates hospitalization. Consideration is given in cases of traumatic accidents and extenuating circumstances. Because of the cost of a hospital stay, providers are encouraged to use outpatient services whenever feasible. The length of hospitalization must be kept to a minimum. Inpatient hospitalization must be certified by the Utilization Management/Quality Improvement Organization (UM/QIO). It is the provider's responsibility to require the beneficiary to present his/her current Medicaid ID card and to verify eligibility by accessing the beneficiary's eligibility and service limit information through the Automated Voice Response System (AVRS) prior to contacting the UM/QIO and again on the date of service. Failure to obtain approval from the UM/QIO may result in nonpayment. Prior authorization does not guarantee payment.

### **Orthodontic Procedures**

Orthodontic procedures requiring authorization under the dental program must be submitted for approval using the Dental Services Orthodontics Authorization Request Form (MA-1097).

The Dental Services Orthodontic Authorization Request Form (MA-1097) is a four (4) part form. The provider must mail three (3) parts of the form to:

DIVISION OF MEDICAID  
Suite 801, Robert E. Lee Bldg.  
239 North Lamar St.  
Jackson, MS 39201-1399

Walter Sillers Building  
550 High Street, Suite 1000  
Jackson, MS 39201

One copy will be retained by DOM, one will be forwarded to the fiscal agent, and one will be returned to the provider for his/her records.

### **Non-Orthodontic and Unspecified Procedures**

Non-orthodontic procedures requiring authorization under the dental program and all unspecified procedures must be submitted for approval using the Dental Services Authorization Request form (MA-1098).

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The Dental Services Authorization Request form (MA-1098) is a four (4) part form. The provider must mail three (3) parts of the form to:

DIVISION OF MEDICAID  
~~Suite 801, Robert E. Lee Bldg.~~  
~~239 North Lamar St.~~  
~~Jackson, MS 39201-1399~~

Walter Sillers Building  
550 High Street, Suite 1000  
Jackson, MS 39201

One copy will be retained by DOM, one will be forwarded to the fiscal agent, and one will be returned to the provider for his/her records.

### **Filing Claims**

Medicaid claims for all services that require authorization (prior authorization/authorization prior to billing) must include the eight character alpha numeric prior authorization number in field number two (2) of the dental services claim form. The prior authorization number is preprinted in the upper right hand corner on the applicable form (MA-1097 or MA-1098).