

Service Authorization – Dental

Welcome!!

ND Department of Human Services – Medical Services

August 2017

Service Authorization – Dental

- Dental Service Authorizations can be submitted via:
 - Web portal
 - Electronic 278
 - ADA Dental Claim Form Version 2006 or 2012 Only
 - All applicable documentation will be required regardless of the route of submission to the department (Radiographs, Periodontal Charts, Health Tracks Comprehensive Orthodontics Screening Form SFN 61 available at: <http://www.nd.gov/eforms/>)
 - Effective 1-1-2018 ND Medicaid will only accept the ADA Claim Form Version 2012 for paper claim submissions and any paper service authorization submissions

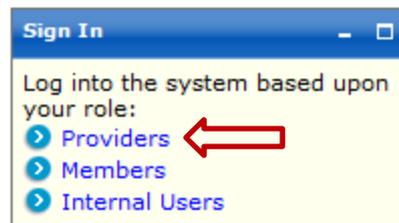
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- Web Based Submissions for SA have a quicker response time with or without the need for documentation
- Pended no more than 10 business days
- Effective 9-1-17, if documentation is required for an SA and it is submitted via the web portal, SA will be denied if it has not been attached electronically
- The Department is moving towards being 100% electronic in 2018
- Web Based Submissions are not “electronic”. If you have access to the web portal – you should be able to submit a web based authorization (i.e. – receiving a remittance advice via the web portal)

Service Authorization – Dental

- Providers will log into the ND Health Enterprise MMIS Portal

Choose Providers:



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Enter Provider Login User name and Password:

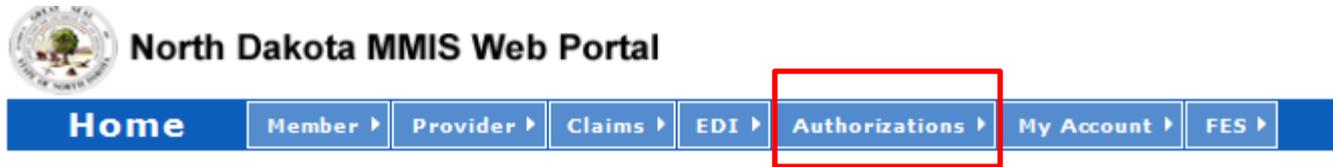


The image shows a screenshot of a web browser window titled "ProviderLogin". The window contains the following text and elements:

- Instructional text: "To access secure areas of the portal, please log in by entering your User ID and Password."
- Input field: "* User ID:" followed by a text input box.
- Input field: "* Password:" followed by a text input box.
- Link: "[Forgot User Name or Password ?](#)"
- Buttons: "Login" and "Reset" buttons.

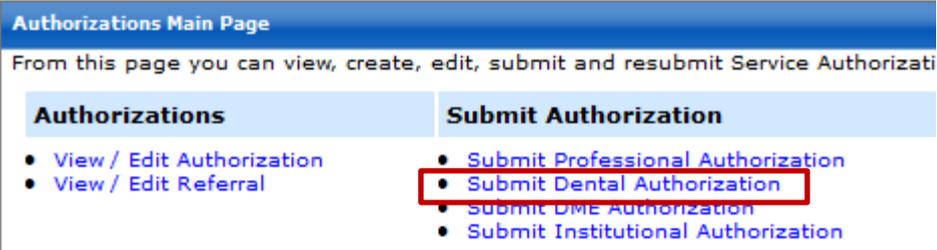
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- To create a service authorization, providers will click on Authorizations:



Service Authorization – Dental

- Providers will then choose to Submit an Authorization:



The screenshot shows a web interface titled "Authorizations Main Page". Below the title is a descriptive sentence: "From this page you can view, create, edit, submit and resubmit Service Authorizati". The page is divided into two main sections: "Authorizations" and "Submit Authorization".

Authorizations	Submit Authorization
<ul style="list-style-type: none">• View / Edit Authorization• View / Edit Referral	<ul style="list-style-type: none">• Submit Professional Authorization• Submit Dental Authorization• Submit DME Authorization• Submit Institutional Authorization

The "Submit Dental Authorization" link in the "Submit Authorization" section is highlighted with a red rectangular box.

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- Providers will see that their submitter ID is noted at the top of the service authorization and that no Service Authorization ID has been issued. This will be issued when the authorization has been submitted to the Department. Providers will see the service level is Dental and that this is a request:

Submit Dental Authorization Request

* Required Field

Basic Service Authorization Info		Patient Event Detail				
Member	Requesting Provider	Event Provider	Health Care Services Review	Diagnosis	Service Line Items	Reject Reasons
Service Authorization ID		Service Level	SV3 (Dental Service)	Entered Date / Time	08/08/2015 10:17:57 AM	
Submitter ID	<input type="text" value=""/>	Transaction Type	RU (Medical Services Reservation)	Transaction Purpose	Request	
Member Information						

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- Providers will then enter Member/Recipient Information. All fields marked with an asterisk are required fields:



The screenshot shows a form titled "Member Information" with the following fields:

- *Member ID: Text input field
- *Last Name: Text input field
- Prefix: Dropdown menu
- *First Name: Text input field
- MI: Text input field
- Suffix: Dropdown menu
- *Date of Birth: Text input field with a calendar icon
- Gender: Dropdown menu

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- The Requesting Provider Field will be populated with the ND Medicaid enrolled provider ID information:

Requesting Provider				
Medicaid ID 2542950	Other Provider ID 456256985	Other Provider ID Type Employee Identification Number	*Entity Code Provider	*Entity Type Person
Provider Code [Dropdown]	Taxonomy Code [Text]	Provider Name [Text]		
Additional Requesting Provider Information				
Contact Information				
Additional Requesting Supplemental Provider ID				

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- Event Provider defaults to Yes. If the Event Provider differs from the Requesting Provider this can be changed to No.
- The Requesting Provider is the Dental Office and the Event Provider is the Dentist performing the services.
- In most cases, you will need to select NO and enter in the requesting/treating dentist information and this will have to match the claim information being billed.



The screenshot shows a form section with a yellow background. At the top, there is a label 'Event Provider' in a small box. Below it, the question 'Is the Requesting Provider also the Event Provider?' is displayed. Underneath the question are two radio button options: 'Yes' (which is selected) and 'No'.

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- Health Care Services Review Information:
 - Request Category (what type of review?)
 - Certification Type (initial, extension)
 - Service Type (Dental Care)
 - Level of Service (emergency, elective, or urgent)
 - A Valid Value must be chosen for each of these and is dependent on the type of authorization being sent

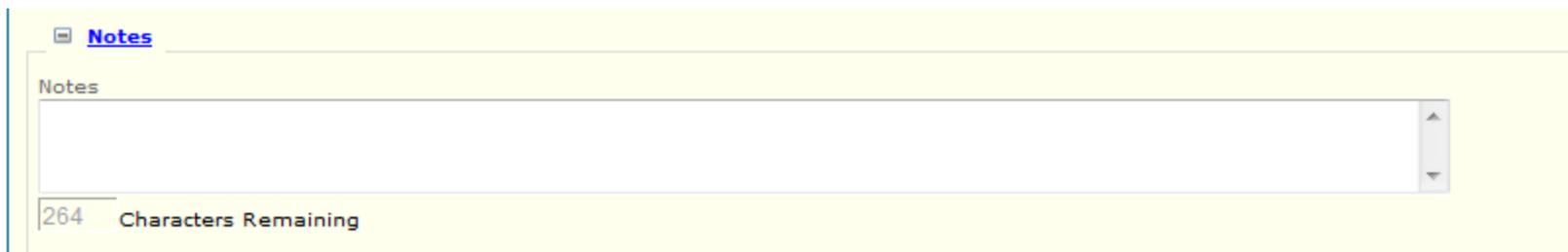
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- Providers must complete the Dates of Service field. ND Medicaid must receive requested begin and requested end dates (i.e. 01/01/2017 through 12/31/2017). A retro authorization cannot be more than 90 days old.

Dates of Service		
Requested Begin Date	Requested End Date	Certification Issue Date
<input type="text"/>	<input type="text"/>	
Approved Begin Date	Approved End Date	

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Providers are able to send any additional notes for the reviewer to consider when reviewing the service authorization. It is suggested that this be completed if special consideration is needed for any reason.



The screenshot shows a software interface with a yellow background. At the top left, there is a tab labeled 'Notes' with a small square icon to its left. Below the tab, the word 'Notes' is written in a small font. Underneath is a large, empty text input field with a vertical scrollbar on the right side. At the bottom left of the input field, the text '264 Characters Remaining' is displayed.

Service Authorization – Dental

- Providers are required to submit at least one line item for a service authorization to be considered. Each additional service requires an additional line item:

Add Services Detail				Save Additional Line Info Reset Cancel
Service Level SV3 (Dental Service)	Certification Issue Date	Certification Action	Review Decision Reason	
*Service Qualifier ADA		*Service Code From	Modifiers 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	
Service From Description	Service Code To	Service To Description		
Requested Begin Date	Requested End Date	Requested Amount	Requested Unit(s)	
Approved Begin Date	Approved End Date	Approved Amount	Approved Unit(s)	
Service Description				
<input type="text"/>				
Dental				

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No Data

Add Services Detail

[Save](#) | [Additional Line Info](#) | [Reset](#) | [Cancel](#)

Service Level
SV3 (Dental Service)

Certification Issue Date

Certification Action

Review Decision Reason

*Service Qualifier

ADA ▼

*Service Code From

D5110

Modifiers

1 2 3 4

Service From Description

Service Code To

Service To Description

Requested Begin Date

02012015

Requested End Date

03012015

Requested Amount

1,000.00

Requested Unit(s)

Approved Begin Date

Approved End Date

Approved Amount

Approved Unit(s)

Service Description

[Dental](#)

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- For each detail line that is submitted, opening the dental expandable field set allows additional information to be submitted (prosthesis information, oral cavity codes, and tooth number/surface information). This may be required on the service authorization depending on what is being requested.

Dental

Prosthesis, Crown or Inlay Code
Initial placement ▼

Reason for Replacement

Oral Cavity Codes

Oral Cavity Codes

1. ▼ 2. ▼ 3. ▼ 4. ▼ 5. ▼

Tooth Information

[Add Tooth Information](#)

Sequence ▲▼	Tooth Number ▲▼	Tooth Surface				
		1	2	3	4	5
No Data						

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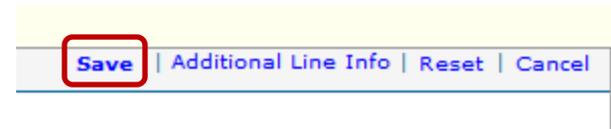
- If submitting an SA for a replacement denture – the reason for replacement must be indicated and the age of the current denture must be noted.
- If submitting an SA for a partial denture – documentation or notes must indicate what teeth are included in the partial denture
- If submitting an SA for D4341, D4342, D4346, or D4910 – periodontal charting is required and must be attached electronically.
- If submitting an SA for a frequency list request or DD List request – documentation must be sent indicating the patient's physical or mental health condition warranting additional cleanings per year and rendering the patient incapable of maintaining oral hygiene. Periodontal charting may be required. These may only be retro-authorized up to 90 days. An SFN 64 is required for extra time – D9920.

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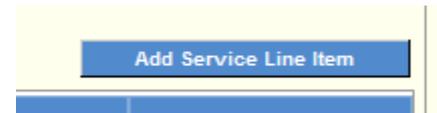
- All service authorization line items must contain:
 - A CDT procedure code
 - From and Through dates of service
 - Either Requested Units or Requested Amount
 - If Units are requested, then a unit of measure is also required

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- After entering all line item information, the line item **MUST BE SAVED**

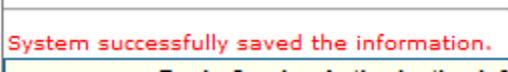


- To add an additional line – click the Add Service Line Item button and enter in additional services:



- If each line item is not saved, the data will be lost.

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- To submit your service authorization to the Department:
 - First Click SAVE at the bottom of the screen (this will give you a message at the top of the screen stating: )
 - Under Reject Reasons: It may tell you if you have any errors on your SA
 - Second Click Submit at the bottom of the screen



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- After the service authorization has been submitted a confirmation page will be shown on the screen. This confirmation page has very important information including:
 - Service Authorization ID Number
 - Member ID Number
 - Provider ID Number
 - Service Authorization Status
 - Submission Date and Time
- **It is very important to print your confirmation page and keep a copy for your records

Service Authorization – Dental

Adding Attachments

- Radiographs
 - Periodontal Charting
- Documentation/Office Notes
 - SFN 64 for Extra Time
- Health Tracks Screening Forms-SFN 61

Service Authorization – Dental

- On the Confirmation Page – Choose Upload Attachment:

Line item Detail

Svc Cd	Description	Requested Cost/Units	SA Line Item Status
99213	Office/outpatient visit est	0.00/1.0	Pended

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- Attachments of any kind can be uploaded (.jpg, .docx, .xlsx, .pdf) – radiographs, documentation, periodontal charting, SFN 61 – Health Tracks Screening Form

The screenshot shows a web application window titled "E-Attachment" with a blue header bar containing "Print | Help" and a window control icon. Below the header is a yellow section with a tab labeled "Attachments". In the top right of this section are buttons for "Submit" and "Exit/Cancel". Below these are input fields for "SA ID", "Member ID", and "Member Name", each followed by a blacked-out value. To the right of these fields is an "Add Attachment" button. Below the input fields is a table with a blue header and a white body. The header has four columns: "Date Added", "Added By", "File Name", and "Description", each with a dropdown arrow. The body contains the text "No Data". Below the table is another yellow section with a tab labeled "Add Attachment" and buttons for "Save", "Reset", and "Cancel" in the top right. This section contains a form with two required fields: "*File" with a text input and a "Browse..." button, and "*Description" with a text input. At the bottom of this section is a paragraph of instructions: "Please upload your file, enter a Description, and click the Save link; repeat this for as many attachments as needed. After all attachments have been uploaded and saved, it is time to upload them to the MMIS database. This is accomplished by clicking the 'Submit' button. You will receive a successful message after the upload has completed. Note: Please review all attachments BEFORE submitting as you will not be able to remove any attachment once submitted. However, if you attached a doc in error, please contact the Helpdesk."

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- 1. Click Add Attachment
- 2. Then click Browse to find the file to add on your computer
- 3. Then give the file a name (no more than 40 characters without special symbols)
- 4. Choose Save
- 5. Then continue to add additional attachments, Submit to submit the attachment, and cancel to will take you back to the confirmation page.

The screenshot displays the 'E-Attachment' web application interface. At the top, there is a blue header with 'Print | Help' and a window icon. Below the header, the 'Attachments' section is visible, featuring a yellow background. It includes fields for 'SA ID', 'Member ID', and 'Member Name', each with a blacked-out value. To the right of these fields are 'Submit' and 'Exit/Cancel' buttons. A red box highlights the 'Add Attachment' button. Below this is a table with columns: 'Date Added', 'Added By', 'File Name', and 'Description'. The table is currently empty, displaying 'No Data'. Below the table is the 'Add Attachment' form, which has a yellow background. It contains a red box around the 'Save | Reset | Cancel' buttons. The form includes a '*File' field with a 'Browse...' button and a '*Description' text input field, both highlighted with red boxes. At the bottom, there is a small text block providing instructions: 'Please upload your file, enter a Description, and click the Save link; repeat this for as many attachments as needed. After all attachments have been uploaded and saved, it is time to upload them to the MMIS database. This is accomplished by clicking the 'Submit' button. You will receive a successful message after the upload has completed. Note: Please review all attachments BEFORE submitting as you will not be able to remove any attachment once submitted. However, if you attached a doc in error, please contact the Helpdesk.'

Service Authorization – Dental

- Providers can also edit and view both saved and pended service authorizations
 - Choose authorizations
 - View/Edit Authorizations
 - Enter in the search criteria in the box below and edit the pended authorization as necessary
 - An authorization can only be edited if it still in a pended status.

View/Edit Authorization Request Print | Help - □

*** Required Field**

To conduct a search for one or more saved or previously submitted service authorization(s), refine the search criteria by entering information in any or all of the remaining fields, and then click "Search". A search by only the Provider ID will return all of the authorizations for that provider.

Provider ID

*Provider ID *Provider ID Type Submitted Authorizations Saved Authorizations

Additional Information

Member ID

Service Authorization ID Certification Action Service Code Modifier1 Modifier2 Modifier3 Modifier4

Begin Date End Date

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- Checking Status on the web portal – what do the HIPAA Values Mean??
 - A1: Certified in total means the service authorization has been approved
 - A2: Certified partial means the service authorization has been partially approved (one line approved, one line pended or denied)
 - A3: Not Certified means the service authorization has been denied
 - A4: Pended means the service authorization remains pended
 - A6: Modified means the service authorization team has reviewed the service authorization and it is in process

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- My contact information:

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Questions?????