

Coordination of Prior Authorized Dental Services

Effective January 1, 2006, consumers 21 years of age and older who are dually eligible for Medicare and Medicaid and are currently enrolled in one of the HealthChoices or voluntary managed care physical health plans will be disenrolled from their Medicaid physical health managed care plan. These consumers will receive their physical healthcare services not covered by Medicare, including **dental services**, through the Pennsylvania Medical Assistance Fee-for-Service (FFS) delivery system.

The Department intends to honor existing Prior Authorizations for dental services covered by the FFS program that have been authorized prior to January 1, 2006 by any of the HealthChoices or voluntary MCOs for eligible MA consumers. If providers have a patient that has a Dental Prior Authorization approval from a MCO and the patient has been moved to FFS as of 1/1/06 the provider should be instructed to do the following:

- Verify recipient eligibility.
- If the recipient is eligible, render the service.
- Once the service is rendered, submit a completed ADA 2000 claim form to Dept. of Public Welfare, Bureau of FFS Programs, ATTN: MCO PA, PO Box 8044, Harrisburg, PA 17105.
- A copy of the Prior Authorization approval issued by the MCO must be attached to the claim invoice.
- The submitted invoice will be processed for payment.



Additional dental services information may be found by visiting the DPW website at www.dpw.state.pa.us