


ISSUE DATE December 5, 2019	EFFECTIVE DATE December 5, 2019	NUMBER 08-19-100, 27-19-92
SUBJECT Electronic Submission of Dental Prior Authorization, Dental Program Exception and Dental Benefit Limitation Requests		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to inform dental providers that effective upon issuance of this bulletin, the Department of Human Services (Department) will accept electronic submissions for requests for dental prior authorizations (PAs), dental 1150 Administrative Waiver (program exceptions (PEs)) and dental benefit limit exceptions (BLEs), effective immediately.

SCOPE:

This bulletin applies to all dental providers enrolled in the Medical Assistance (MA) Program who render services to beneficiaries enrolled in the MA Fee-for-Service delivery system. Dental providers who render services in the MA managed care delivery system should address any questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

Currently, the Department requires that dental providers submit, via US mail, a paper hard-copy of the following items:

- Dental Prior Authorization Request Form (MA 98) and supporting dental information for dental services that require PA;
- the Outpatient Services Authorization Request Form (MA 97) and supporting medical/pricing information for PEs for dental services not listed on, or rate requests over, the MA Program Fee Schedule; and

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

- the Dental BLE Request Form (MA 549) and supporting dental/medical information to support the dental BLE request.

Recently, dental stakeholders and advocates requested that the Department accept PA, PE and BLE requests for dental services through an electronic submission process. The Department will accommodate this request by allowing dental providers to submit dental PA, PE and BLE requests and supporting information, including electronic x-rays, electronically through secure and encrypted email, effective upon issuance of this bulletin.

Dental providers may also continue to submit hard-copy dental PA, PE and BLE requests through the Department's existing paper hard-copy submission process via US mail.

PROCEDURE:

Effective upon issuance of this bulletin, dental providers may submit dental PA, PE and BLE requests and supporting medical/dental/pricing information to the Department via secure email to the following email address at RA-FFS_Dental@pa.gov. It is the provider's responsibility to send the information via secure and encrypted email.

The Department will review the submitted PA, PE and BLE request and supporting medical/dental/pricing information. If the Department determines there are missing items or errors on the dental PA, PE or BLE Request forms or the Department requires further supporting medical/dental/pricing information, the Department will return the dental PA, PE or BLE request via email to the dental provider. The dental provider has 15 days to resubmit the dental PA, PE or BLE request to the Department for review and decision. If the dental PA, PE or BLE request and supporting information are not received by the 15th day from the date of request, the Department will deny the dental PA, PE or BLE request and inform the dental provider and the MA beneficiary via written Notice of Decision.

To assist the provider with accuracy of completion of the American Dental Association (ADA) claim form, please refer to the ADA Claim Form – Version 2012 Completion Aid for Dentists – Prior Authorization/Benefit Limit Exception Request, which may be viewed by accessing the following Department website link:
https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx.

Upon receipt of an accurately completed dental PA or BLE Request form and supporting dental/medical/pricing information, the Department will render a decision and notify the dental provider and MA beneficiary of the Department's determination within 21 days of the request via written Notice of Decision.

Upon receipt of an accurately completed dental PE form and supporting dental/pricing information, the Department will render a decision and notify the dental provider and MA beneficiary of the Department's determination of the request via written Notice of Decision.

The Department will continue to accept paper hard-copy submissions via US mail for dental PA, PE and BLE requests.