



***DENTAL PROVIDER
SERVICES***

***Emergency Billing Policy and
Procedures for Hurricane
Evacuees***

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Emergency Period Only**

**LOUISIANA MEDICAID PROGRAM
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING**

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HURRICANE KATRINA - DENTAL PROVIDER INFORMATION

Louisiana Medicaid would first like to thank all providers for their thoughts, concerns, and support for those affected by Hurricane Katrina.

In response to hurricane Katrina, DHH has issued the following announcements with regards to the Louisiana Medicaid Dental Program:

MESSAGE # 1 – DENTAL PRIOR AUTHORIZATION TEMPORARILY DISCONTINUED

The LSUHSC, School of Dentistry, which provides Medicaid dental prior authorization, is located in New Orleans, LA and was affected by Hurricane Katrina. **As a result, Medicaid is discontinuing the dental prior authorization requirement for the EPSDT Dental, Adult Denture and Expanded Dental Services for Pregnant Women Programs for dates of service from August 29, 2005 through September 30, 2005.** *Dental providers are reminded that they must continue to follow applicable dental program policy for all dental programs and must check the established patient's treatment record to ensure that policy requirements are being met. Effective October 1, 2005, dental prior authorization requests should be sent to the following address*:*

LSU School of Dentistry, Dental Medicaid Unit
1100 Florida Ave., Box F5-510
New Orleans, LA 70119*.

*** Note: The above address has been changed. Please refer to Message # 5 entitled "New Temporary Address for Medicaid Dental Prior Authorization Requests" for the updated address.**

Although the New Orleans location may not be back in operation at that time, the mail will be rerouted to their temporary location. Please refer to the following website for information updates: www.lamedicaid.com. If you have any questions, you may contact Terri Norwood, Dental Program Specialist, by calling (225) 342-9403

MESSAGE # 2 – DENTAL BILLING REQUIREMENTS AND ADDITIONAL PRIOR AUTHORIZATION INFORMATION

Special billing requirements and prior authorization procedures that are necessary as a result of the temporary discontinuance of dental prior authorization are as follows:

Billing Requirement 1

If a prior authorization number was issued for a dental procedure, the prior authorization number must be entered on the claim for payment regardless of the date of service.

Billing Requirement 2

A prior authorization number must not be entered on a claim for payment when billing for a dental procedure in which:

- The prior authorization was temporarily discontinued; and
- The date of service is between August 29, 2005 and September 30, 2005; and
- A prior authorization number was not previously issued for that procedure.

If a prior authorization number is entered on a claim for payment in this instance, the claim will deny.

If the two billing requirements referenced above apply to the same patient, two separate claims for payment should be submitted as follows: One claim for the services in which a prior authorization number was issued (enter PA number on the claim); and a separate claim for services in which the prior authorization was temporarily discontinued and a PA number was not previously issued (no PA number on the claim). In these instances, if dental services that never require prior authorization are also rendered, they can be listed on either claim form.

Additional Prior Authorization Information

Dental prior authorization requests that are received by LSU School of Dentistry, Dental Medicaid Unit prior to October 1, 2005 that have not already been issued a prior authorization number will not be processed.

If a post authorization is required for a date of service prior to August 29, 2005, a post authorization request that includes the date of service must be submitted on or after October 1, 2005 to the following address*:

LSU School Of Dentistry, Dental Medicaid Unit
1100 Florida Avenue, Box F5-510
New Orleans, LA 70119*

*** Note: The above address has been changed. Please refer to Message # 5 entitled "New Temporary Address for Medicaid Dental Prior Authorization Requests" for the updated address.**

Although the New Orleans location may not be back in operation at that time, the mail will be re-routed to their temporary location.

Effective October 1, 2005, requests for prior authorization of dental services which are to be rendered on or after October 1, 2005 should be submitted to the above-referenced address.

Dental providers should not submit a "post" authorization request for dental procedures in which the prior authorization was temporarily discontinued when the procedures were rendered for dates of service August 29, 2005 through September 30, 2005. Providers should submit the claim for payment for these dates of service directly to Unisys.

MESSAGE # 3 - BILLING REQUIREMENTS FOR DENTURES & DENTURE RELATED SERVICES - EPSDT DENTAL AND ADULT DENTURE PROGRAMS

The following provides information related to complete or partial denture construction, complete or partial denture relines and other denture related services that were begun between the dates of August 29, 2005 through September 30, 2005.

General Information

As always, the date of service on a claim for Medicaid payment must be the date that the final service is completed or delivered to the patient.

Dental providers are reminded that they must continue to follow applicable dental program policy for all dental programs and must check the established patient's treatment record to ensure that Medicaid policy requirements are being met.

Providers must fully document all services rendered. Records must include a chronological (dated) narrative account of each patient visit indicating what treatment was performed/provided or what conditions were present on those visits. The prosthetic prescription and laboratory bill (or a copy) must be maintained in the patient's treatment record.

Billing Requirements for Complete and Partial Dentures and Denture Relines (EPSDT Dental & Adult Denture Programs)

As previously announced, the dental prior authorization requirement has been discontinued for dates of service August 29, 2005 through September 30, 2005. The following will provide additional information specific to complete and partial dentures and complete and partial denture relines provided to patients in the EPSDT Dental and Adult Denture Programs.

If the new denture construction or denture reline process began between the dates of August 29, 2005 through September 30, 2005, every effort should be made to deliver the completed denture to the patient prior to October 1, 2005.

In the event that new denture construction or denture reline process began between the dates of August 29, 2005 and September 30, 2005 and the new or relined denture could not be completed and delivered to the patient until after September 30, 2005, Medicaid

will extend the prior authorization discontinuance under these circumstances for these services through December 31, 2005 to allow adequate time for delivery.

Special billing instructions as identified below are required when filing a claim for payment for a new denture or denture reline between the dates of service October 1, 2005 through December 31, 2005 when the new denture construction or reline process began between the dates of August 29, 2005 and September 30, 2005:

- Claims for payment must be sent to the LSU School of Dentistry, Dental Medicaid Unit, 1100 Florida Avenue, Box F5-510, New Orleans, LA 70119*; along with the following:
 - 1) A cover letter explaining that this is a claim for payment for a denture that was begun during the dates of service when dental prior authorization was discontinued; and
 - 2) One original and one copy of the ADA claim form. NOTE: ADA claim form, Block 1, must be marked "Statement of Actual Services" and the claim completed so that it is acceptable by Unisys for payment; and
 - 3) The entire patient treatment record which includes the prosthetic prescription and laboratory bill(s); and
 - 4) All pertinent radiographs taken. If radiographs are unavailable because they were previously submitted to the Medicaid Dental Prior Authorization Unit and have not been returned, please document this information in the remarks section of the ADA claim form.

*** Note: The above address has been changed. Please refer to Message # 5 entitled "New Temporary Address for Medicaid Dental Prior Authorization Requests" for the updated address.**

Upon completion of Medicaid review and approval, these claims will be submitted to Unisys for payment. Post authorization is not required and authorization requests must not be submitted in this instance

If the denture construction or denture reline process began between the dates of services August 29, 2005 through September 30, 2005 and the denture is not able to be delivered prior to December 31, 2005, a post authorization for the service will be required. The date of service must be entered on all post authorization requests.

Adult Denture Program - Other Denture Related Services

Medicaid covered dental examinations and radiographs that were rendered according to Adult Denture Program policy for dates of service August 29, 2005 through September 30, 2005 are to be billed directly to Unisys without prior authorization. Prior or post authorization is required for these procedures for any other dates of service. If a prior authorization number was already obtained for the procedure, the prior authorization number must be entered on the claim regardless of the date of service.

Prior/Post Authorization and Billing Questions in Unique Situations

The new telephone number for the LSU School of Dentistry, Dental Prior Authorization Unit will be provided as soon as possible. You must contact the LSU Dental Prior Authorization Unit for further instructions on how to handle unique situations such as the following:

The date of service for an examination and radiograph was prior to August 29, 2005 and a prior authorization number has not already been obtained, and the new denture was completed and delivered for a date of service when the prior authorization requirement was discontinued. In this instance, the examination and radiograph will require a post authorization but the denture will not.

Providers must contact the Dental Prior Authorization Unit for instructions on completion of the post authorization claim form.

MESSAGE # 4 - MEDICAID DENTAL PRIOR AUTHORIZATION UNIT TEMPORARY TELEPHONE NUMBER

The Medicaid Dental Prior Authorization Unit has been temporarily relocated due to Hurricane Katrina. The new temporary telephone number for the Medicaid Dental Prior Authorization Unit is 225-216-6470.

MESSAGE # 5 - NEW TEMPORARY ADDRESS FOR MEDICAID DENTAL PRIOR AUTHORIZATION REQUESTS

Effective October 1, 2005 and until further notice, all Medicaid dental prior authorization requests must be mailed to the following address: LSUHSC School of Dentistry, Medicaid Dental Unit, P.O. Box 80159, Baton Rouge, LA 70898-0159.

MESSAGE # 6 - RETURN OF MEDICAID DENTAL PRIOR AUTHORIZATION

Effective October 3, 2005, the Medicaid Dental Prior Authorization (PA) Unit will be operational at their new temporary location. The new temporary telephone number for the Medicaid Dental Prior Authorization Unit is 225-216-6470.

In addition, the following new temporary address has been established and should be used effective October 1, 2005 and until further notice when submitting dental prior

authorization requests:

**LSUHSC School of Dentistry
Medicaid Dental Unit
P.O. Box 80159
Baton Rouge, LA 70898-0159**

The following will provide information regarding the handling of dental prior authorization requests. Due to Hurricane Katrina and the discontinuance of dental prior authorization for dates of service August 29, 2005 through September 30, 2005, all prior authorization requests that were postmarked prior to October 1, 2005 will be returned to the provider unprocessed with the following exception: The Medicaid Dental Prior Authorization Unit will process the prior authorization request if the date of service was prior to August 29, 2005, and the date of service is entered on the claim form submitted for prior authorization. Dental providers will be responsible for resubmitting the prior authorization request in the following instances:

- When the prior authorization request is for a date of service prior to August 29, 2005 and the date of service was not entered on the claim previously submitted for prior authorization. The provider must resubmit the request with the date of service entered on the claim form.
- When the date of service is after September 30, 2005. (Refer to the following website for further information regarding dentures and denture relines that were begun between the dates of August 29, 2005 and September 30, 2005 and not delivered by September 30, 2005: www.lamedicaid.com under the links entitled Hurricane Katrina Medicaid Provider and Recipient Information / Dental Providers)

If radiographs are unavailable because they were previously submitted to and have not been returned by the Medicaid Dental Prior Authorization Unit, providers must enter this information in the remarks section of the claim form submitted for prior authorization.

Reminders:

- Dental services rendered for dates of service August 29, 2005 through September 30, 2005 do not require prior authorization.
- A post authorization request must not be submitted to the dental prior authorization unit for services rendered between August 29, 2005 and September 30, 2005.
- The claim for payment for dates of service August 29, 2005 through September 30, 2005 for procedures that usually requires prior authorization should be submitted directly to Unisys without a prior authorization number and without attachments.

Please access this website (www.lamedicaid.com) frequently as updates will be provided through this medium.

EMERGENCY PROVIDER ENROLLMENT

A link to the Hurricane Katrina Emergency Provider Enrollment Packets may be found on the home page for Louisiana Medicaid's website at www.lamedicaid.com under the link entitled **EMERGENCY PROVIDER ENROLLMENT PACKETS**.

Recipient Eligibility Verification

Providers may call Provider Relations at 1-800-473-2783 for information on how to verify recipient eligibility.

Dental Billing/Policy and Procedures

Enrolled Louisiana Medicaid providers must follow the adopted guidelines issued due to Hurricane Katrina as well as those already established by Louisiana Medicaid. For complete billing procedures and policies providers must use the following materials:

- 2003 Dental Services Manual - Chapters 7(E) &16
- Dental Training Packet (2004 Fall Issue)
- Basic Services Training Packet (2004 Fall Issue)
- Dental Fee Schedules for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Dental Program, Adult Denture Program and Expanded Dental Services for Pregnant Women (EDSPW) Programs

These materials are located online at www.lamedicaid.com. Providers should visit this website frequently as updated information will be posted as necessary.

Dental services policy information provided in the 2004 Dental Training Packet replaces previously published policy. In addition, the 2004 Dental Training Packet contains the current policy and other information related to the Expanded Dental Services for Pregnant Women Program.

The 2003 Dental Services Manual is located under the link entitled "Provider Manuals" on the above-referenced website.

The 2004 Dental Training Packet and the 2004 Basic Services Training Packet are located under the link entitled "Training" on the above-referenced website.

The current Medicaid Dental Program Fee Schedules are located under the link entitled "Fee Schedules" on the above-referenced website.

Note: Medicaid is accepting only hard copy billing claim forms from all providers enrolled as “emergency” providers. Electronic claims submission will not be accepted from providers enrolled on this emergency basis. The 2002 American Dental Association Claim Form and the 2002, 2004 American Dental Association Claim Form are the only hardcopy dental claim forms accepted for Medicaid prior authorization and reimbursement of services provided under the EPSDT Dental, Adult Denture and EDSPW Programs.