

## 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](http://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](http://www.lamedicaid.com)) frequently as updates will be provided through this medium.