

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Dentists

HMOs and Other
Managed Care
Programs

Prior authorization information for dentists

This *Wisconsin Medicaid and BadgerCare Update* clarifies Wisconsin Medicaid's guidelines for early submission of prior authorization (PA) requests for continuing services, extended PA for prophylaxes and fluoride treatments, and the reauthorization of PA to a new dentist. Following these guidelines will help dentists receive PA in a timely manner and avoid potential delays in providing services.

Early submission for prior authorization requests

Wisconsin Medicaid allows early submission of prior authorization (PA) requests to make it easier for dentists to provide continuing services such as prophylaxis and fluoride treatments. Dentists may submit PA requests for continuing services anytime within the six-week period leading up to the expiration date of the existing PA.

An approved authorization does not guarantee payment. Reimbursement is contingent upon the recipient's and provider's eligibility at the time the service is provided and the completeness of the claim information.

Wisconsin Medicaid also accepts PA requests anytime within the six-week period leading up to a recipient's birthday. For example: Barbara Badger, a Medicaid recipient, is currently 12 years of age and will turn 13 on October 31,

2001. Dr. I.M. Dentist has determined that Barbara will need a fluoride treatment in November 2001, after she has turned 13. Dr. I.M. Dentist may submit the PA request for the procedure anytime from September 17, 2001 onward.

Extended prior authorization for recipients with disabilities

In some cases, a recipient may have a disability that impairs his or her oral hygiene and necessitates additional prophylaxes or fluoride treatments. A dentist can receive PA for up to five years for these additional procedures for disabled recipients if:

- The disability is permanent.
- The dentist expects to see the recipients over an extended period of time.

When requesting an extended PA, dentists are required to submit the following information along with the PA request:

- A complete description of the recipient's oral condition.
- The recipient's dental and medical history.
- Etiologic factors affecting the recipient's oral condition.
- Anticipated treatment plan and the dentist's usual and customary charges, including additional prophylaxes and fluoride treatments.

Reauthorization of prior authorization to a new dentist

In some cases, a recipient may begin seeing a new dentist but still has a PA on file with Wisconsin Medicaid that is authorized to the recipient's previous dentist. As stated in the Wisconsin Medicaid Dental Handbook, PA may be reauthorized to a new dentist if the recipient has not received the service from the previous dentist and does not expect to receive it from the previous dentist.

To reauthorize a PA to a new provider number:

- Obtain a signed, written statement from the recipient or the recipient's legal guardian that the recipient did not obtain the service from the previous dentist. If the recipient is unable to provide a statement, the new dentist may write one and have the recipient or his or her guardian sign it.
- In place of the recipient's statement, Wisconsin Medicaid will also accept a signed, written statement from the previous dentist that the recipient did not obtain the service.
- Submit the recipient's statement or previous dentist statement to Wisconsin Medicaid along with a completed Prior Authorization Dental Request Form, Prior Authorization Dental Attachment, and a brief statement about the situation.

Wisconsin Medicaid will notify the previous dentist by mail of the termination of the existing PA and will process the PA request for the new dentist. Refer to the Dental Handbook for more information on obtaining PA.

Dentists can submit prior authorization requests by fax

Wisconsin Medicaid offers dentists the option of submitting PA requests by fax at (608) 221-8616. Faxing PA requests makes it possible for Wisconsin Medicaid to receive them sooner and may eliminate one to three days of mail time. This option is available only when the PA request does not include additional documentation, such as models or X-rays. All decisions regarding PA requests are made within the time frames outlined in the All-Provider Handbook.

Some recipients enrolled in Medicaid-contracted HMOs have dental coverage through their HMO. Before providing any non-emergency dental services, a dentist should always check whether a Medicaid recipient is enrolled in an HMO and whether the HMO provides dental coverage. Dental providers are paid on a fee-for-service basis for managed care program enrollees if the managed care program does not offer dental services.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.