

# Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:  
Dentists  
HMOs and Other  
Managed Care  
Programs

## Introducing the new Prior Authorization Dental Attachment 2 (PA/DA2)

**Wisconsin Medicaid is introducing the new Prior Authorization Dental Attachment 2 (PA/DA2) to be used for oral surgery, orthodontic, and fixed prosthetic services.**

### New Prior Authorization Dental Attachment 2

Wisconsin Medicaid is introducing the new Prior Authorization Dental Attachment 2 (PA/DA2). Dentists should use the PA/DA2 included in the Attachment of this *Wisconsin Medicaid and BadgerCare Update* instead of the Prior Authorization Dental Attachment (PA/DA) that was in the Dental Services Handbook issued in November 1998. **Dentists should use the PA/DA2 to request PA for the following dental services:**

- **Oral surgery services.**
- **Orthodontic services.**
- **Fixed prosthetic services.**

To request PA for all other services, dentists should use the Prior Authorization Dental Attachment 1 (PA/DA1) that was included in the February 2002 *Update* (2002-04), titled "Introducing the new Prior Authorization Dental Attachment 1."

The PA/DA2 is used in conjunction with the Prior Authorization Dental Request Form (PA/DRF). Providers may photocopy the PA/DA2 from the Attachment or download a copy of the PA/DA2 from the forms area of the "Providers" section of the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

### Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients who receive their dental benefits on a fee-for-service basis. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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/](http://www.dhfs.state.wi.us/medicaid/).

# ATTACHMENT

## Prior Authorization Dental Attachment 2 (PA/DA2)

(A copy of the "Prior Authorization Dental Attachment 2 [PA/DA2]" is located on the following pages.)

**WISCONSIN MEDICAID**  
**PRIOR AUTHORIZATION DENTAL ATTACHMENT 2 (PA/DA2)**  
**ORAL SURGERY, ORTHODONTIC, AND FIXED PROSTHETIC SERVICES**

**INSTRUCTIONS:** Complete Section I for all orthodontics, oral surgery, and fixed prosthetic services. Complete Section II for orthodontic services only. Requested identifying information will only be used to process the prior authorization (PA) request. If necessary, attach additional pages for your responses. **Refer to the Dental Services Handbook and *Wisconsin Medicaid and BadgerCare Updates* for service restrictions and additional documentation requirements.** Provide enough information for Wisconsin Medicaid dental consultants to make a reasonable judgement about the request. The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

Prior Authorization Dental Request Form (PA/DRF) Number	Recipient's Medicaid Identification Number	Billing Provider Medicaid Number	Performing Provider Medicaid Number
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**SECTION I — ORAL SURGERY, ORTHODONTIC, AND FIXED PROSTHETIC SERVICES**

A. Diagnosis.

B. Treatment Plan.

C. Treatment prognosis. (Check one. If Poor, explain the reason for requested treatment.)

☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor

D. Indicate if the recipient is physically, psychologically, or otherwise indefinitely disabled, or has a medical condition that impacts the treatment requested.

**II — ORTHODONTIC SERVICES ONLY**

A. Anticipated number of monthly adjustments.

**Submitting Prior Authorization Requests**

Dentists may submit PA requests by fax to Wisconsin Medicaid at (608) 221-8616 **if X-rays or models are not required for documentation purposes**. Dentists who wish to continue submitting PA requests by mail or who are submitting PA requests that require X-rays or models may do so by submitting them to the following address:

Wisconsin Medicaid  
Prior Authorization  
Ste 88  
6406 Bridge Rd  
Madison WI 53784-0088

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information shall include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior PA requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.