

03/12/2020

The Answer Key #3

Ohio Department of Medicaid Billing Guidelines

All information was current at the time of publication but is subject to change

Requesting Prior Authorization (PA) for Dental Services Provided by Federally Qualified Health Centers (FQHCs)

FQHCs submit their claims for Dental services on a professional claim form (CMS 1500). This form does not allow entry of the tooth or oral cavity quadrant numbers.

Dental services provided at FQHCs that require PA must be submitted using the following guidelines:

1. The applicable tooth number or oral cavity quadrant should NOT be entered on the Line Item panel.

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars
A 01	1	\$0.00	0	\$0.00

Line Item 01
*Service Type Code HCPCS Procedure
*Procedure D2752
Tooth 11
Quad

Line Item 01
*Service Type Code HCPCS Procedure
*Procedure D4341
Tooth
Quad 10

2. These identifiers must be entered in the Provider Notes panel and should include the following:
 - a.) A statement advising the reviewer they are a FQHC.
 - b.) The applicable Line Item number(s) on the PA and appropriate tooth/quadrant number(s).

Provider Notes
Date Entered 11/09/2018
Description
WE ARE A FQHC. SCALING AND PLANING ON QUADRANT 10.

Additional step-by-step instructions for “Entering a Prior Authorization”:

<https://medicaid.ohio.gov/Portals/0/Providers/Training/EnteringaPA.pdf>

Step-by-step instructions for handling “Prior Authorization Error Message” in MITS:

<https://medicaid.ohio.gov/Portals/0/Providers/Training/PAErrorMessages.pdf>