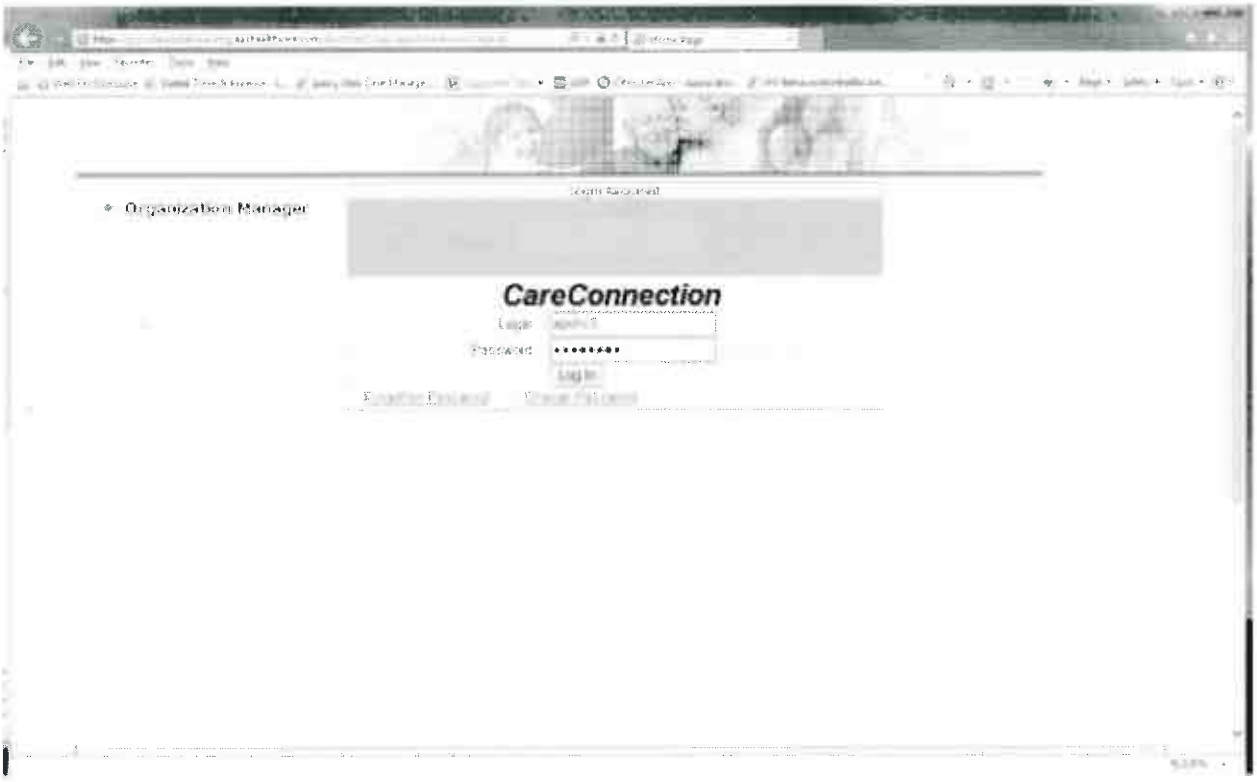
Dental Services

Per Medicaid Policy, certain dental services require an authorization for services provided. Request must be submitted within 10 business days. Please note: The request must meet medical necessity and there is no guarantee the dental service will be authorized.

To request a Dental Service authorization, Providers will submit via the DDE portal. If you're an employee without a User ID to logon, you can fax the Dental Prior authorization request form to the fax number included on the form. Please Note: the system will need to be accessed to obtain the status of your request.

How to submit a Dental Request

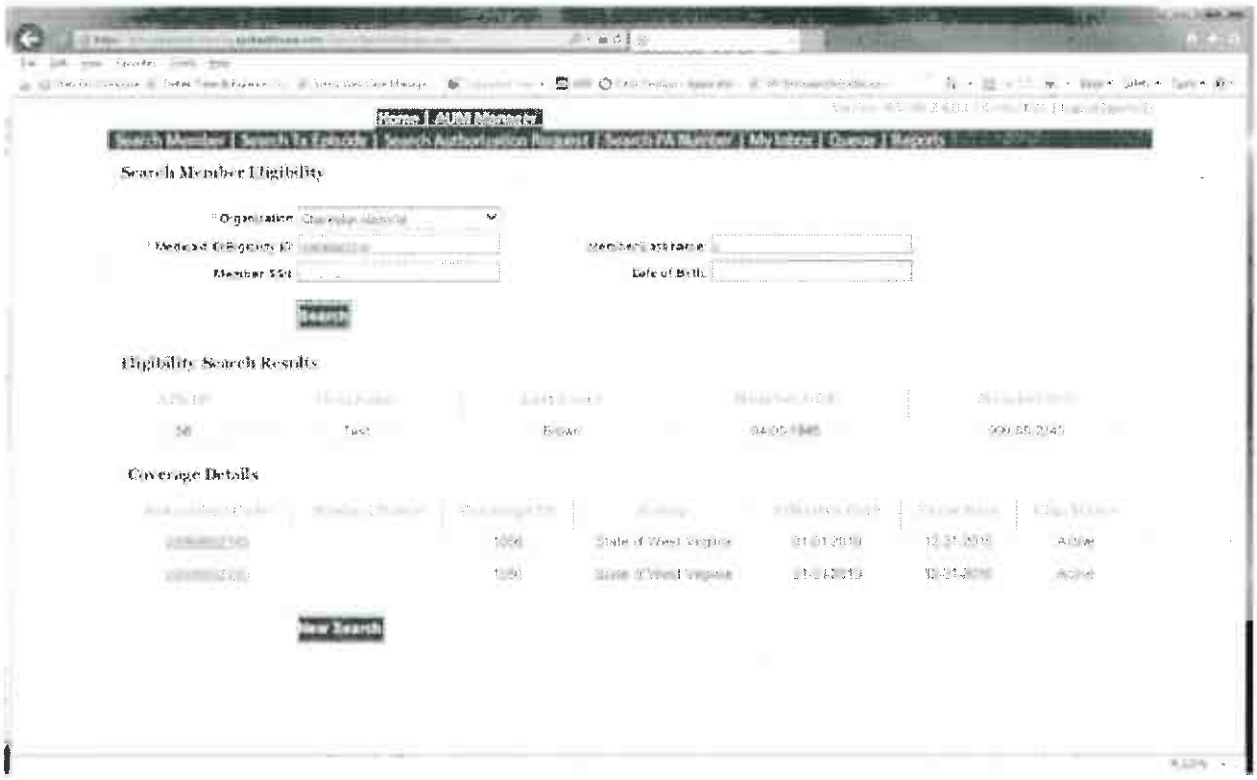
Go to https://providerportal.kepro.com and enter you login ID and password



Click on AUM Manager Tab

Click on Search member and enter the WV Medicaid ID number and the member's last name then click Search. (Hint: you can enter the first initial of the last name and click search)

Under "Coverage Details," click on the subscriber code that matches the one you entered on the Search Member screen that has not termed.

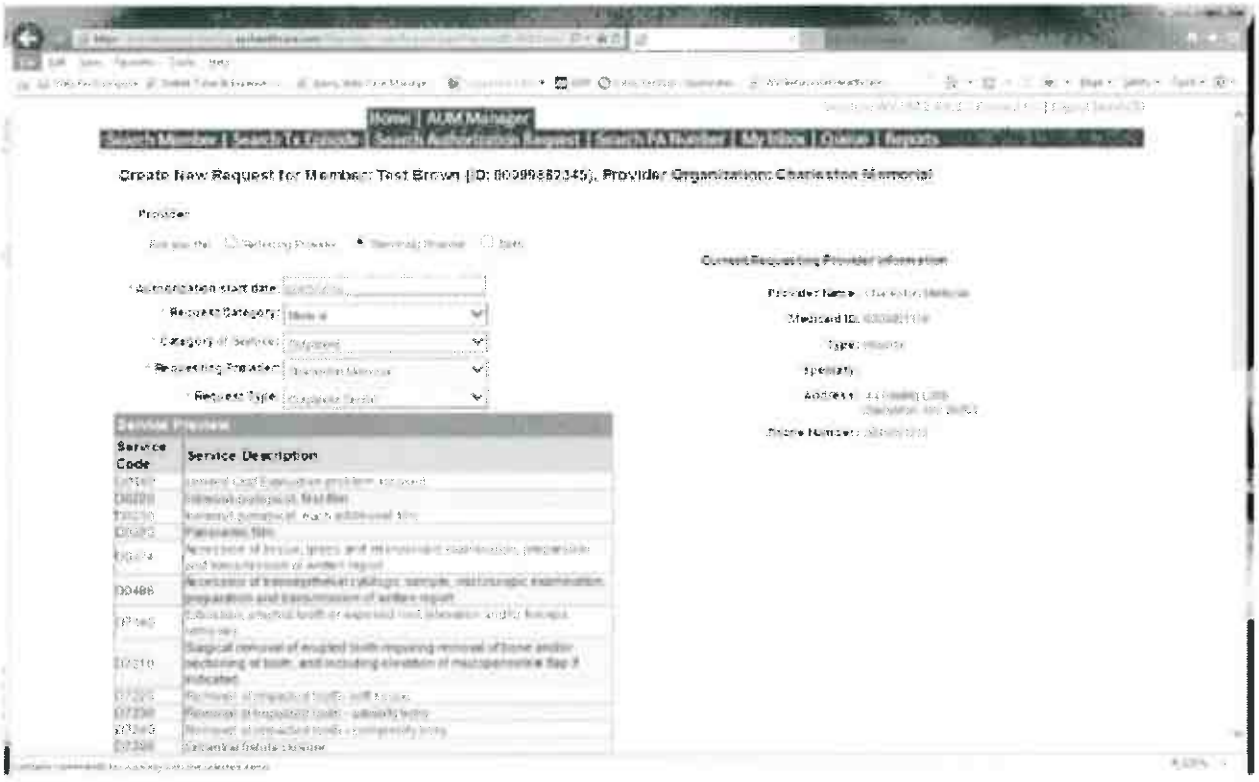


This will bring you to the Treatment Episode Screen which shows all the previous requests for the member. Click on the ADD NEW MEDICAL REQUEST button.

This brings you the Create New Request Screen. Under 'Provider,' you will need to choose rather you are the referring provider, servicing provider or both.

- Referring- Choose if requestor will **NOT** be billing WV Medicaid for requested service.
- Servicing- Choose if requestor **WILL** bill WV Medicaid for requested service
- Both- If you are an office that will be performing and billing for the service, this is the best option to use.

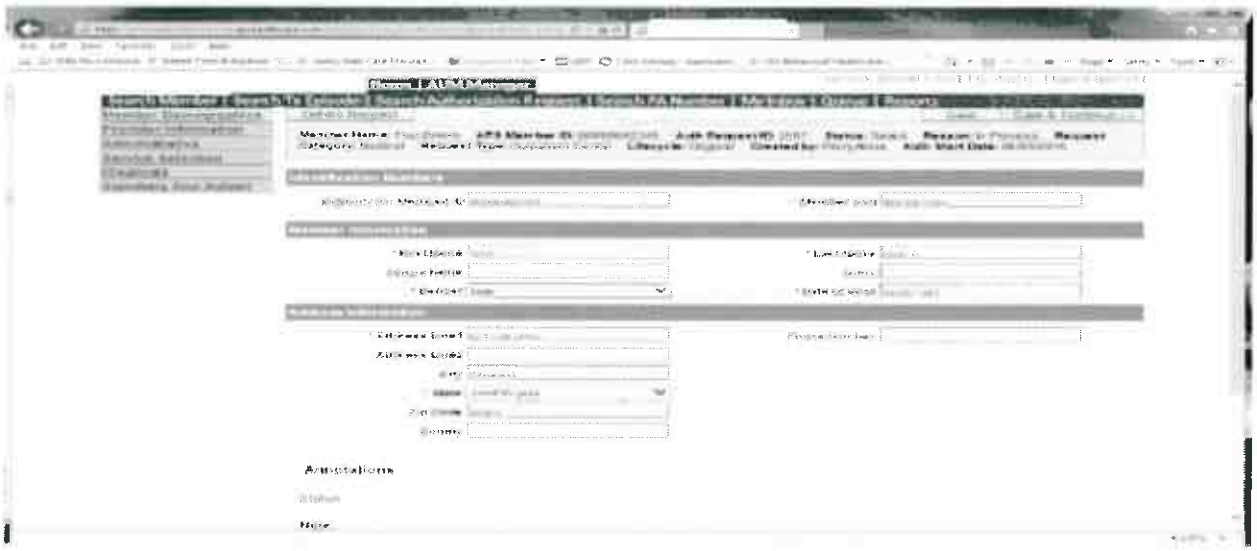
Next, enter the start date (Date of Service), the request category (Medical), the category of service (Outpatient), choose the requesting provider(there will only be a list available if your registration is complete and your provider NPI numbers have been attached), and enter the request type(Outpatient Dental) scroll to the end of screen and click "Create Request"



If the member has previous treatment episodes, it will ask you if you want to Attach or Do Not Attach, just choose Do Not Attach. If the member does not have any previous treatments, click Continue

You are now ready to begin the application.

Member Demographics



If the address is not correct, change it and click Save and Continue. If everything is correct, simply click Save and Continue.

Provider

This brings you to the Provider Information screen. If you chose the referring provider option, this will auto-populate. This information cannot be changed.

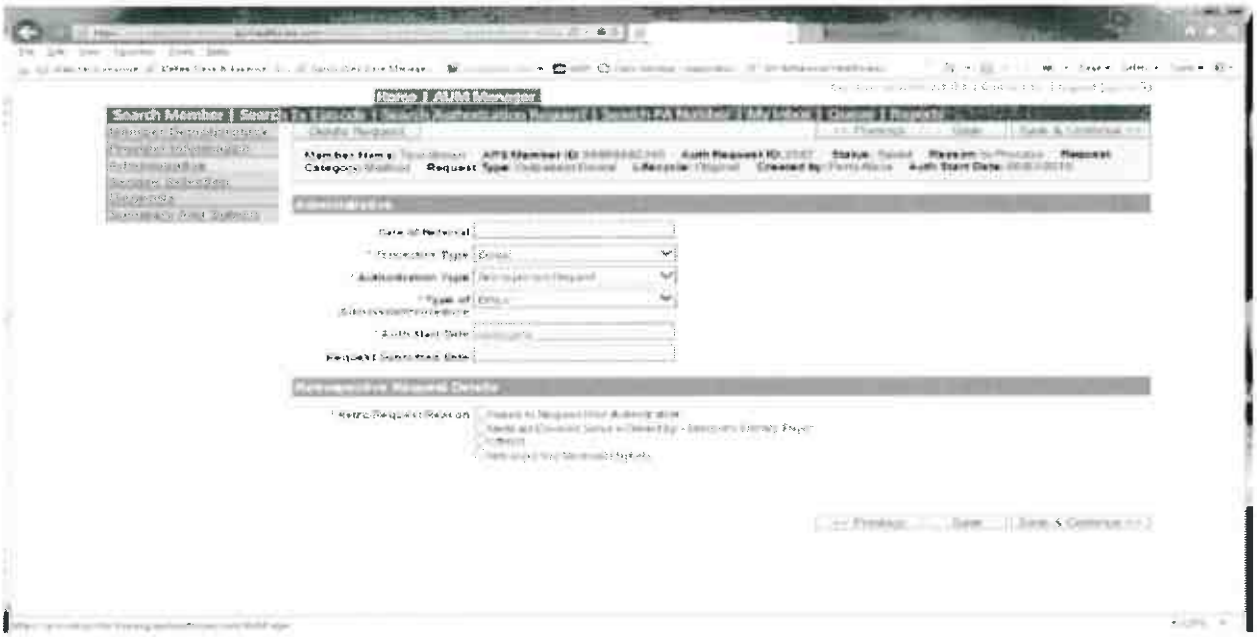
If you are the servicing provider, you will need to attach the referring physician information to the request. To find physician:

- Click on the Search provider
- Enter the physician's name in the Name field and change Any Words to ALL WORDS and click Search or
- You can select NPI from the dropdown on the right side and enter the NPI number and click search
- DO NOT ENTER ANY OTHER INFORMATION IN ANY OTHER FIELDS. JUST NAME OR NPI NUMBER.
- Once you have found the physician you are looking for, click the paper clip to attach.
- Enter your direct phone number where you can be reached in the Contact Phone field
- Click Save and Continue.

Administrative

Answer all questions with the red *. Procedure Type will be Dental or Orthodontic. Type of Admission/Procedure=Office. If your start date is within 10 business days of admission date, the authorization type will be Prior.

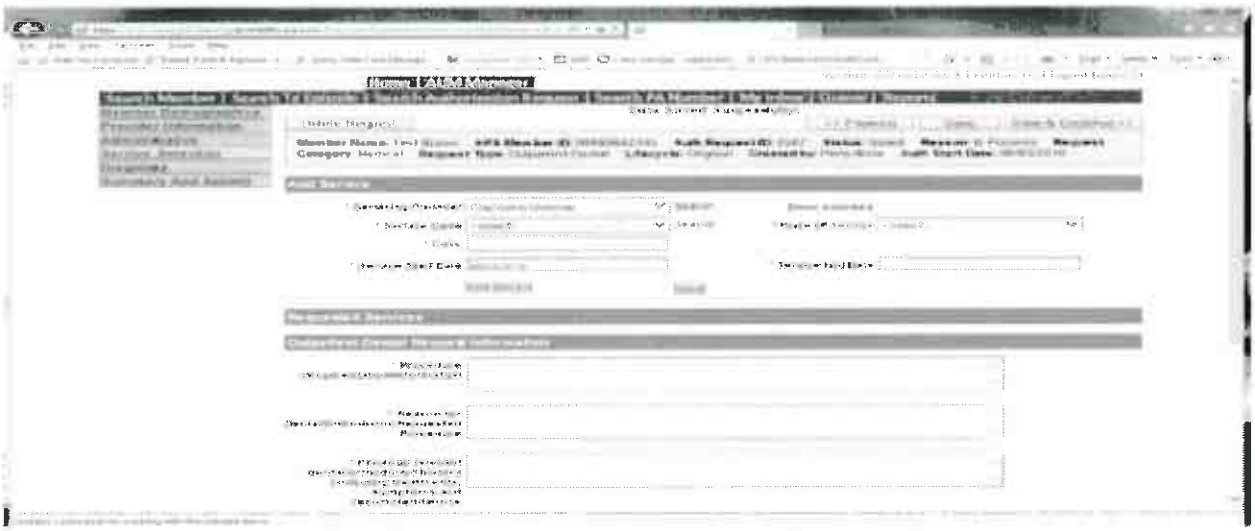
Administrative



If any other time span, the authorization type will be 'Retrospective Request.' Per BMS policy, there are timelines to request an authorization. If a request is submitted outside of the designated 10 day timeline, a retrospective policy denial letter will be issued. A retrospective reason will need to be selected and there are four options

- Failure to request prior authorization
- Medicaid covered service denied by-Member's primary payer-If this reason is chosen, documentation will need to be provided
- Other: If this reason is chosen, please make sure to provide as much information as possible.
- Retrospective Medicaid Eligibility-Only choose if Medicaid coverage has been backdated to cover date of service.

Service Selection

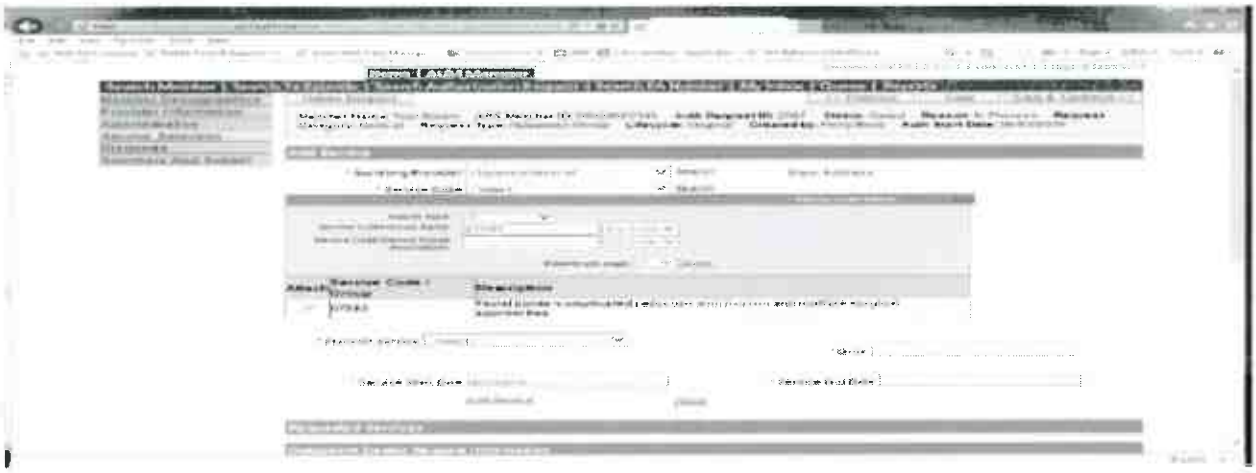


If you chose the servicing provider option, this will auto-populate. This information cannot be changed. If you are the referring provider, you will need to attach the Servicing Provider information to the request.

To find Servicing Provider:

- Click on the Search provider
- Enter the name in the Name field and change Any Words to ALL WORDS and click Search or
- You can select NPI from the dropdown on the right side and enter the NPI number and click search
- DO NOT ENTER ANY OTHER INFORMATION IN ANY OTHER FIELDS. JUST NAME OR NPI NUMBER.
- Once you have found the provider you are looking for, click the paper clip to attach.
- Click Save and Continue.

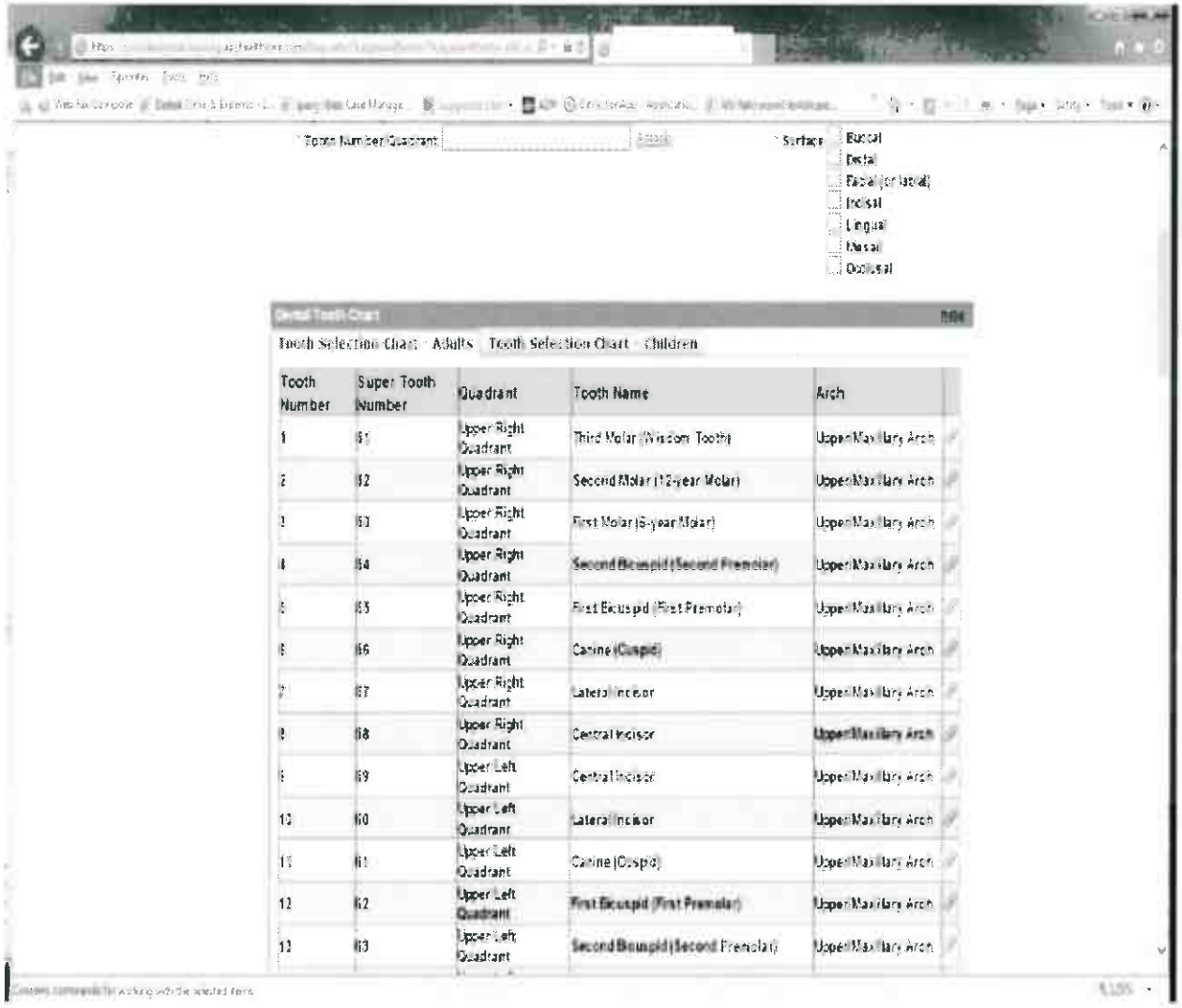
Service Selection



You are now ready to choose your service code. Dental codes can be chosen from the drop down. However, the easiest and most efficient way is to click SEARCH located to the right of service code line. In the dropdown box, key the Dental code in the Service Code/Group Name space and click Search. Click the paper click to attach code to request. The example shows a search for D7680. Place of Service=Office or Outpatient Hospital. Units will auto generate. Please DO NOT change units. If you need more units, please indicate in the annotation box and then click save to save note. The service date span will be 180 days. Please DO NOT CHANGE service end date. Choose Oral Cavity Region if required. If tooth number is required, please see instructions on the next page. Click ADD Service Complete all information under Outpatient Dental Request Information and click SAVE and Continue.

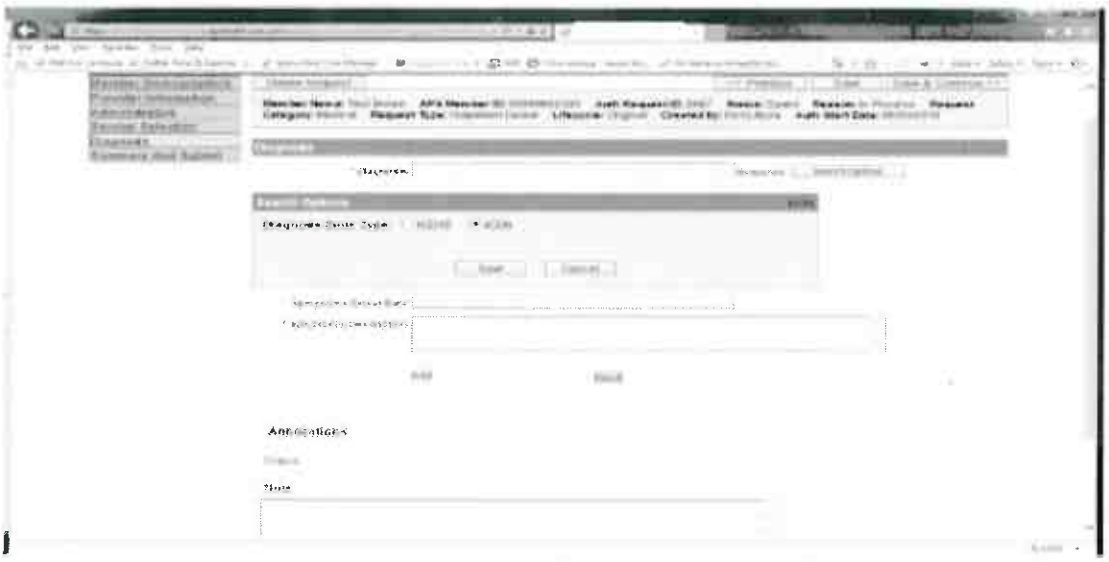
PLEASE NOTE: the orthodontics section will only display if you choose orthodontics as the procedure type.

Tooth Number Required

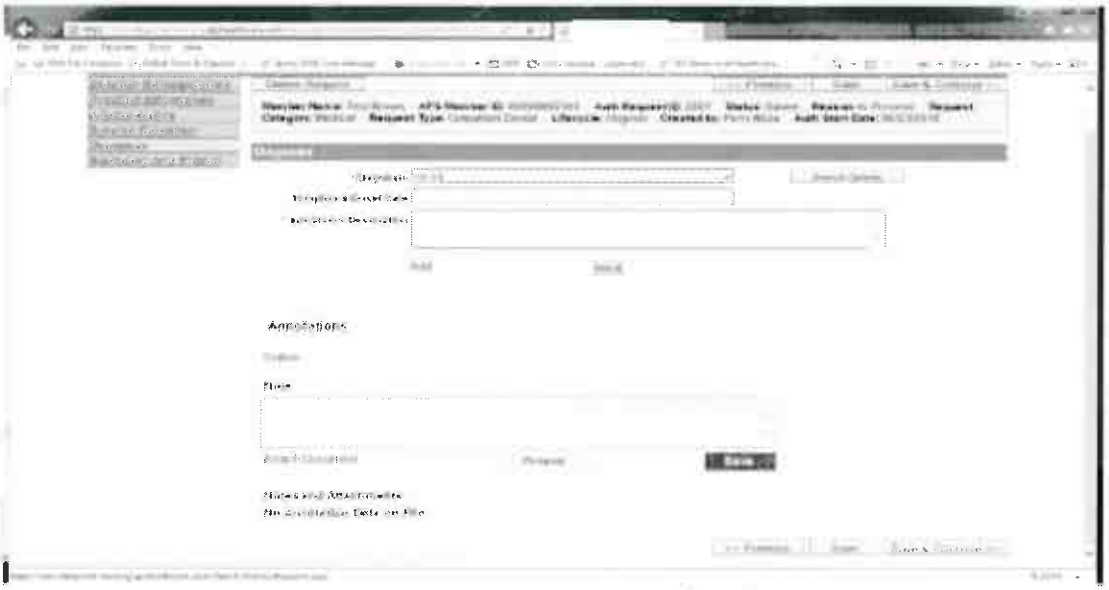


If you choose a code that needs the Tooth Number/Quadrant entered, click on the blue Attach beside the field. This will bring up a tooth chart and it is defaulted to the Adult chart. If you want the child chart, you must click the Children tab. Once you find the tooth, click the paper clip to the right to attach. Then you must choose the surface once the tooth number/quadrant is attached.

Diagnosis



The Diagnosis screen is the next mandatory screen. ICD-10 diagnosis is required. We realize most dental offices do not use diagnostic coding. Please use ICD-10 code R68.89 for services after 10/01/2015 and ICD-9 code 780 for service prior to 10/01/15. If your date of service requires an ICD-9 diagnosis code, prior to entering the numbers before the decimal, click the search options button, select ICD-9 and click save.



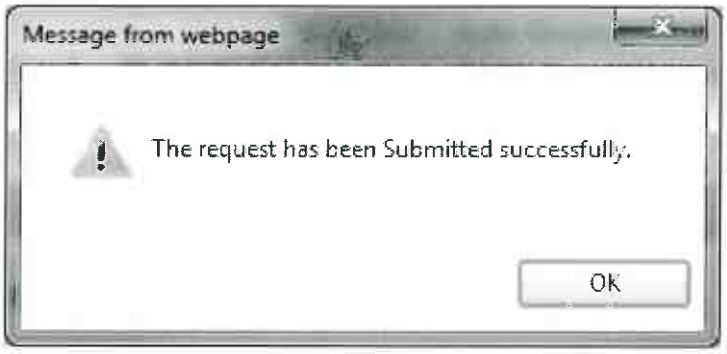
Enter the letter and numbers before the decimal of the diagnosis code, wait for the dropdown list, and choose the code from the list, enter symptoms in the Symptoms box, and click the Add button under the Symptoms box. Do this for as many diagnoses codes you have.

Summary and Submit

The Summary and Submit page allows you to scroll the document from the beginning to the end. Look over it to make sure all things have been entered correctly, scroll back up to the top of the page and click SUBMIT in the top left hand corner and NOT the SUBMIT button at the bottom of the request. **Clicking the submit button at the bottom of the page does not allow the submitter to see any errors or warning boxes that require action.**

A warning box may be received. If so, c lick continue.

And then Click OK, once the message that your request was successfully submitted has displayed.



Dental/Orthodontic Helpful Tips

- Please update the contact information for your office under the Referring provider section, including extensions in case of questions from the reviewers.
- Be sure diagnosis code is appropriate (example: ICD-9 prior to 10/01/2015 and ICD-10 after 10/01/2015).
- Please use appropriate diagnosis codes for case, if known. If provider does not know what diagnosis code to use, R68.89 can be utilized. R68.89 is equivalent to ICD-9 780 General symptoms.
- If clinical is being faxed or mailed, please document in an annotations box.
- When faxing or mailing additional documentation be sure to include the Authorization Request ID on the coversheet.
- X-rays can be uploaded or mailed. If mailed, please provide indications if you would like the images returned. **If there are no indications, the images will not be returned**. Dental Molds will be mailed in and returned to the office