



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 10 No. 87

December 2000

**TO:** Providers of Dental Services - **For Action**  
Health Maintenance Organizations - **For Information Only**

**SUBJECT:** **Changes in Prior Authorization Requirements for Fee-For-Service (FFS) Dental Services**

**EFFECTIVE:** Claims with service dates on or after December 15, 2000

**PURPOSE:** To notify providers of dental services of changes in prior authorization (PA) requirements for certain dental services covered by the FFS Medicaid program.

**BACKGROUND:** The Medicaid Newsletter, Volume 10, No. 52, dated August 2000, notified providers of dental services of increases in Medicaid reimbursement for certain dental procedure codes. In response to the concerns of dentists participating in the Medicaid FFS program, the Division of Medical Assistance and Health Services (DMAHS) has decided to change PA requirements for certain dental services for a trial period to determine if these changes significantly reduce the administrative burden of providing dental services to eligible FFS Medicaid beneficiaries.

During this trial period, DMAHS shall closely monitor paid claims to determine the impact of these changes on utilization of dental services, i.e. if these changes cause inappropriate utilization of these services. Based on DMAHS findings, a decision will be made to adopt these changes; implement further changes; and/or require that individual providers be subject to PA requirements for certain dental services

**ACTION:** **Effective for claims with service dates on or after December 15, 2000,** DMAHS is changing PA requirements for certain dental services based on its FFS experience with issuing PA. For certain dental services, the Division will rely on post-payment reviews to determine whether services are being appropriately provided and billed to the FFS Medicaid program. For other services, modifications to the New Jersey Medicaid Management Information System (NJMMIS) have been made to determine when PA will be required.

Please see the attached table for information concerning these changes in PA for Medicaid-covered dental services.

If you have any questions concerning this Newsletter, please contact Bruno Frank Dattilo, D.D.S., Chief, Dental Services, at 1-800-782-0181.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
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# NEW PRIOR AUTHORIZATION REQUIREMENTS FOR MEDICAID-COVERED DENTAL SERVICES

<u>Dental Code</u>	<u>Description</u>	<u>Prior to December 15, 2000</u>	<u>Effective December 15, 2000</u>	<u>Utilization Management</u>
<b>04341, 04220</b>	Periodontal Scaling; root planing; gingival curettage per quadrant	All services required Prior Authorization (PA)	<b>Four (4) quadrants can be treated twice annually without PA</b>	PA required for services exceeding four (4) quadrants twice annually.
<b>02950, 02952, 02954</b>	Post and core buildup for root canals	All services required PA	<b>Discontinue PA requirement</b>	Post-Payment reviews will be conducted by DMAHS
<b>02710, 02720, 02721, 02722, 02750, 02751, 02752, 02790, 02791, 02792</b>	Crowns – PFM, resin, resin to metal and cast	All services required PA	<b>Discontinue PA requirement</b>	Post-Payment reviews will be conducted by DMAHS
<b>03310, 03320, 03330</b>	Root canals	All services required PA	<b>Discontinue PA requirement</b>	Post-Payment reviews will be conducted by DMAHS
<b>03410-22, 03411-22</b>	Apicoectomy with root canals	All services required PA	<b>Discontinue PA requirement</b>	Post-Payment reviews will be conducted by DMAHS
<b>04210, 04211, 04260, 04261, 04262, 04270, 04271, 04272</b>	Periodontal services – gingivoplasty, gingivectomy quadrant and per tooth, osseous surgery, osseous and tissue grafts	All services required PA	<b>Eight (8) quadrants can be treated annually without PA</b>	PA required for services exceeding four (4) quadrants twice annually.