



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

# NEWSLETTER

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Volume 18 No. 16

October 2008

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**TO:** Federally Qualified Health Centers - **For Action**  
Health Maintenance Organizations - **For Information Only**

**Subject:** New Prior Authorization and Billing Procedures for Dental Encounters

**Effective:** For dates of service on or after January 1, 2009

**Purpose:** To notify Federally Qualified Health Centers that DMAHS has made revisions to dental prior authorization services and claim payment processing for dental encounters.

**Background:** For prior authorization, the NJ FamilyCare/Medicaid program has revised the prior authorization requirement for services requiring multiple visits to now require the associated number of dental encounter visits be included for consultant review.

For payment processing, the program has revised claim submission to require all claims to include dental procedure codes and a prior authorization number, when submitting a dental encounter code.

**Action:**

**Request for Prior Authorization:** For dental services that require prior authorization as noted in the Dental Services Manual and Newsletters.

When dental services that are provided over multiple visits (i.e. dentures and crowns, root canals, etc.) are treatment planned, the request for prior authorization shall include the number of expected encounter visits. If the dental services are not approved, the associated encounter visits will not be approved.

**Request for Payment:** For billing prior authorized encounters and their associated dental codes.

All dental claims submitted for payment consideration of dental encounters must include the dental services provided at that visit.

When dental services and their encounter codes require and receive prior authorization, the approved codes along with the assigned prior authorization number must be submitted on the dental claim for each visit. For example - if 6 encounters were approved for a denture, each dental claim for payment will include: the approved denture procedure code, the dental encounter procedure code and the prior authorization number.

**Dental claims requesting payment for encounters will be denied:**

- If either the prior authorization number or the dental procedure code(s) are missing
- If the associated dental procedure code was denied and is the only service requested for that date
- If the associated dental procedure code was not prior authorized as required

**Special Instructions for encounters associated with multi visit dental services that have already been prior authorized and approved by DMAHS:**

When prior authorized and approved multi visit dental services have already been started, but their associated encounter visits were not approved, the FQHC shall submit a new two part prior authorization form for the remaining encounter visits, and note in remarks the related approved dental code(s) and their prior authorization number.

**Parameters for dental encounters for multi visit dental services are as follows:**

Crowns	up to 3
Endodontics	up to 5 to be determined by tooth type
One denture*	up to 6
Two dentures*	up to 8

(\*partial or complete)

Requests for units greater than those noted will require detail documentation of need be attached to prior authorization.

If you have any questions concerning this Newsletter, please contact the Division of Medical Assistance and Health Services, Bureau of Dental Services Monday through Friday at 609-588-7136, to speak with a consultant. Questions regarding claims should be directed to Unisys Provider Services at 1-800-776-6334.

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(BLUE TAB MARKED "5")**