



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

# MEDICAID ALERT

May 1993

**TO:** Dentists  
Independent Clinics  
Chief Executive Officer - Hospitals

**SUBJECT:** Modification of the Dental Prior Authorization Procedure

**PURPOSE:** The purpose of this Medicaid Alert is to notify all dental providers as to the modification in the requirements for completion of the Dental Prior Authorization Form MC-10 (A) (REV. 9/91).

**ACTION:** When requesting prior authorization, providers of dental services need only enter on their request those dental procedure codes which require prior authorization. It is not necessary to include on the Dental Prior Authorization Form MC-10(A) (Rev. 9/91) those dental procedure codes which are part of the individual plan of treatment but do not require prior authorization.

Please address any questions to Bruno Frank Dattilo, D.D.S. at 1-800-782-0181 or 609-588-7136.

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(GREEN TAB MARKED "4")**