



ND HEALTH ENTERPRISE MMIS PHASE III TRAINING

DENTAL SERVICE AUTHORIZATIONS

JANUARY 2016

Service Authorization – Dental

- ND Medicaid's new system is now referred to as ND Health Enterprise MMIS
- This system went live October 5, 2015
- Previous system will be referred to as ND Legacy MMIS
- Prior Authorizations will now be referred to as Service Authorizations

Service Authorization – Dental

- Dental Service Authorizations can be submitted via:
 - Web portal
 - Electronic 278
 - ADA Dental Claim Form Version 2006 or 2012 Only
 - All applicable documentation will be required regardless of the route of submission to the department (Radiographs, Periodontal Charts, Health Tracks Comprehensive Orthodontics Screening Form SFN 61 available at: <http://www.nd.gov/eforms/>)

Service Authorization – Dental

- 278 Transactions:
 - Contact your software vendor and tell them you are interested in sending a 278 transaction
 - ND Medicaid cannot support the 837-D “Pre-treatment electronic dental claim”

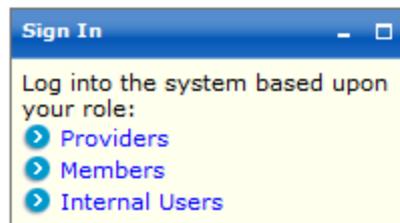
Service Authorization – Dental

- Paper Service Authorizations may be returned if missing information such as:
 - Member Number
 - NPI
 - Missing or Invalid CDT Code
 - Quadrant, Tooth Number, or Tooth Surface Information

Service Authorization – Dental

- Providers will log into the ND Health Enterprise MMIS Portal

Choose Providers:



Service Authorization – Dental

Enter Provider Login User name and Password:



The image shows a screenshot of a web browser window titled "ProviderLogin". The window contains the following text and elements:

- Header: ProviderLogin
- Instruction: To access secure areas of the portal, please log in by entering your User ID and Password.
- Form fields:
 - * User ID: [text input field]
 - * Password: [password input field]
- Link: [Forgot User Name or Password ?](#)
- Buttons: Login, Reset

Service Authorization – Dental

- To create a service authorization, providers will click on Authorizations:



North Dakota MMIS Web Portal



Service Authorization – Dental

- Providers will then choose to Submit an Dental Authorization:

Authorizations Main Page

From this page you can view, create, edit, submit and resubmit Service Authorizations

Authorizations	Submit Authorization
<ul style="list-style-type: none">• View / Edit Authorization• View / Edit Referral	<ul style="list-style-type: none">• Submit Professional Authorization• Submit Dental Authorization• Submit DME Authorization• Submit Institutional Authorization

Service Authorization – Dental

- Providers will see that their submitter ID is noted at the top of the service authorization and that no Service Authorization ID has been issued. This will be issued when the authorization has been submitted to the Department. Providers will see the service level is Dental and that this is a request:

Submit Dental Authorization Request

* Required Field

Basic Service Authorization Info		Patient Event Detail				
Member	Requesting Provider	Event Provider	Health Care Services Review	Diagnosis	Service Line Items	Reject Reasons
Service Authorization ID		Service Level	SV3 (Dental Service)	Entered Date / Time	08/08/2015 10:17:57 AM	
Submitter ID		Transaction Type	RU (Medical Services Reservation)	Transaction Purpose	Request	

Member Information

Service Authorization – Dental

- Providers will then enter Member/Recipient Information. All fields marked with an asterisk are required fields:

Member Information

*Member ID	*Last Name		
<input type="text"/>	<input type="text"/>		
Prefix	*First Name	MI	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Date of Birth	Gender		
<input type="text"/>	<input type="text"/>		

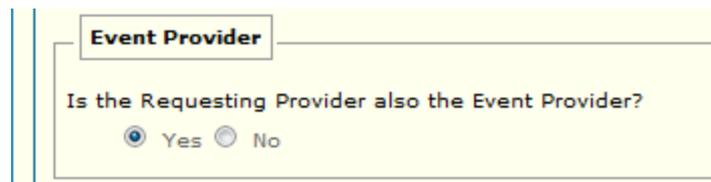
Service Authorization – Dental

- The Requesting Provider Field will be populated with the ND Medicaid enrolled provider ID information:

Requesting Provider				
Medicaid ID 2542950	Other Provider ID 456256985	Other Provider ID Type Employee Identification Number	*Entity Code Provider	*Entity Type Person
Provider Code [Dropdown]	Taxonomy Code [Text]	Provider Name		
Additional Requesting Provider Information				
Contact Information				
Additional Requesting Supplemental Provider ID				

Service Authorization – Dental

- Event Provider defaults to Yes. If the Event Provider differs from the Requesting Provider this can be changed to No.
- This needs to be changed if the Requesting Dental Office will not be the Billing Dental Office and there will be an individual servicing provider.
- In most cases, you will need to select NO and enter in the requesting/treating dentist information and this will have to match the claim information being billed.



The screenshot shows a form section with a yellow background. At the top, there is a tab labeled "Event Provider". Below the tab, the question "Is the Requesting Provider also the Event Provider?" is displayed. Underneath the question, there are two radio buttons: "Yes" (which is selected) and "No".

Service Authorization – Dental

- Health Care Services Review Information:
 - Request Category (what type of review?)
 - Certification Type (initial, extension)
 - Service Type (Dental Care)
 - Level of Service (emergency, elective, or urgent)
 - A Valid Value must be chosen for each of these and is dependent on the type of authorization being sent

Service Authorization – Dental

- Providers must complete the Dates of Service field. ND Medicaid must receive requested begin and requested end dates (i.e. 01/01/2016 through 12/31/2016)

The image shows a screenshot of a form titled "Dates of Service". The form is enclosed in a light yellow box. At the top left, there is a label "Dates of Service" in a white box with a black border. Below this label, there are four input fields arranged in two rows. The top row contains "Requested Begin Date", "Requested End Date", and "Certification Issue Date". The bottom row contains "Approved Begin Date" and "Approved End Date". The "Requested Begin Date" and "Requested End Date" fields have small calendar icons to their right. The "Certification Issue Date" field is currently empty. The "Approved Begin Date" and "Approved End Date" fields are also empty.

Dates of Service		
Requested Begin Date	Requested End Date	Certification Issue Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved Begin Date	Approved End Date	
<input type="text"/>	<input type="text"/>	

Service Authorization – Dental

Providers are able to send any additional notes for the reviewer to consider when reviewing the service authorization:



The screenshot shows a web interface for service authorization. At the top left, there is a tab labeled "Notes" with a small icon to its left. Below the tab is a large, empty text area for entering notes. To the right of the text area is a vertical scrollbar. At the bottom left of the text area, there is a small box containing the number "264" followed by the text "Characters Remaining".

Service Authorization – Dental

- Providers are able to submit diagnosis codes. This is not a required field, however must match the claim when the claim is billed.

☐ [Diagnosis](#)

Diagnosis

Seq#	Diagnosis Code	Diagnosis Date	Diagnosis Type
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>

Service Authorization – Dental

- Providers are required to submit at least one line item for a service authorization to be considered. Each additional service requires an additional line item:

Add Services Detail [Save](#) | [Additional Line Info](#) | [Reset](#) | [Cancel](#)

Service Level SV3 (Dental Service)	Certification Issue Date	Certification Action	Review Decision Reason
*Service Qualifier ADA		*Service Code From	Modifiers 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>
Service From Description	Service Code To	Service To Description	
Requested Begin Date	Requested End Date	Requested Amount	Requested Unit(s)
Approved Begin Date	Approved End Date	Approved Amount	Approved Unit(s)
Service Description			
<input type="text"/>			
<input type="checkbox"/> Dental			

Service Authorization – Dental

No Data

Add Services Detail

[Save](#) | [Additional Line Info](#) | [Reset](#) | [Cancel](#)

Service Level
SV3 (Dental Service)

Certification Issue Date

Certification Action

Review Decision Reason

*Service Qualifier

ADA ▼

*Service Code From

D5110

Modifiers

1 2 3 4

Service From Description

Service Code To

Service To Description

Requested Begin Date

02012015

Requested End Date

03012015

Requested Amount

1,000.00

Requested Unit(s)

Approved Begin Date

Approved End Date

Approved Amount

Approved Unit(s)

Service Description

[Dental](#)

Service Authorization – Dental

- For each detail line that is submitted, opening the dental expandable field set allows additional information to be submitted (prosthesis information, oral cavity codes, and tooth number/surface information). This may be required on the service authorization depending on what is being requested.

Dental

Prosthesis, Crown or Inlay Code
Initial placement ▾

Reason for Replacement

Oral Cavity Codes

Oral Cavity Codes

1. 2. 3. 4. 5.

Tooth Information

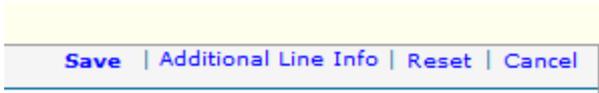
[Add Tooth Information](#)

Sequence ▲	Tooth Number ▲	Tooth Surface				
		1	2	3	4	5
No Data						

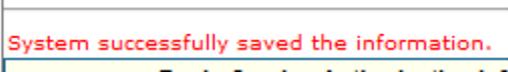
Service Authorization – Dental

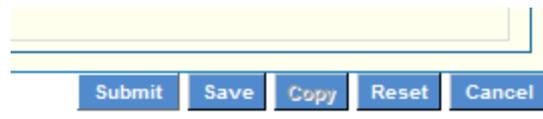
- All service authorization line items must contain:
 - A CDT procedure code
 - From and Through dates of service
 - Either Requested Units or Requested Amount
 - If Units are requested, then a unit of measure is also required

Service Authorization – Dental

- After entering all line item information, the line item **MUST BE SAVED** 
- To add an additional line – click the Add Service Line Item button and enter in additional services: 
- If each line item is not saved, the data will be lost.

Service Authorization – Dental

- To submit your service authorization to the Department:
 - First Click SAVE at the bottom of the screen (this will give you a message at the top of the screen stating: 
 - **it may also tell you if you have any problems with your service authorization so they can be resolved
 - Second Click Submit at the bottom of the screen



Service Authorization – Dental

- After the service authorization has been submitted a confirmation page will be shown on the screen. This confirmation page has very important information including:
 - Service Authorization ID Number
 - Member ID Number
 - Provider ID Number
 - Service Authorization Status
 - Submission Date and Time

Service Authorization – Dental

- It is very important to print your confirmation page and keep a copy for your records
- The confirmation page will be required to be sent with any documentation that the Department may need
- The Department also utilizes SFN 177 which is currently available at: www.nd.gov/eforms for attachments that may be necessary

Service Authorization – Dental

- A service authorization confirmation page looks like this:
 - You can print the submission page, choose to submit another service authorization, or choose to go back to the service authorization Main Page.

 **North Dakota MMIS Web Portal** Aug 6, 2015
[Skip Navigation](#) | [Contact Us](#) | [Help](#) | [Search](#) | [Log out](#)

Home | [Member](#) | [Provider](#) | [Claims](#) | [EDI](#) | [Authorizations](#) | [My Account](#)

Submit Authorization Request Print | Help - □

Service Authorization ID: W152200001

Your service authorization has been successfully submitted. Please print and attach this sheet to the front of any additional documentation required.

Service Authorization Information

Submitter ID: [REDACTED] Date Of Service: Feb 1, 2015 - Mar 1, 2015 Service Authorization ID: W152200001 Member ID: ND3851992 Provider ID: 897656231 Status: Pended Submission Date/Time: 08/08/2015 10:41:38 AM	Line Item Detail <table border="1"><thead><tr><th>Svc Cd</th><th>Description</th><th>Requested Cost/Units</th><th>SA Line Item Status</th></tr></thead><tbody><tr><td>D5110</td><td>Dentures complete maxillary</td><td>1000.0</td><td>Pended</td></tr></tbody></table> <p>1 - 1 of 1</p>	Svc Cd	Description	Requested Cost/Units	SA Line Item Status	D5110	Dentures complete maxillary	1000.0	Pended
Svc Cd	Description	Requested Cost/Units	SA Line Item Status						
D5110	Dentures complete maxillary	1000.0	Pended						

Mailing Address

Please send additional documentation to the following address.

ND Department of Human Services
600 E Boulevard Avenue
Department 325
Bismarck, ND 58505-0250

[Print Submission Page](#) | [Submit Another SA](#) | [SA Main Page](#)

Service Authorization – Dental

- Providers can also edit and view both saved and pended service authorizations
 - Choose authorizations
 - View/Edit Authorizations
 - Enter in the search criteria in the box below and edit the pended authorization as necessary

View/Edit Authorization Request Print | Help - □

*** Required Field**

To conduct a search for one or more saved or previously submitted service authorization(s), refine the search criteria by entering information in any or all of the remaining fields, and then click "Search". A search by only the Provider ID will return all of the authorizations for that provider.

Provider ID

*Provider ID *Provider ID Type Submitted Authorizations Saved Authorizations

Additional Information

Member ID

Service Authorization ID Certification Action Service Code Modifier1 Modifier2 Modifier3 Modifier4

Begin Date End Date

Service Authorization – Dental

- Checking Status on the web portal – what do the HIPAA Values Mean??
 - A1: Certified in total means the service authorization has been approved
 - A2: Certified partial means the service authorization has been partially approved (one line approved, one line pended or denied)
 - A3: Not Certified means the service authorization has been denied
 - A4: Pended means the service authorization remains pended
 - A6: Modified means the service authorization team has reviewed the service authorization and it is in process

Service Authorization – Dental

Frequency List-existing approvals:

- A service authorization will need to be submitted for all recipients previously approved for the frequency list
- If previously approved for the frequency list, a note on the submission or in Box 35 of the service authorization stating previously approved for frequency list will be sufficient.
- The recall of the visits will need to be noted on the service authorization, if this is not indicated, the authorization will be allowed at 2 per year
- All applicable codes will need to be present on the service authorization to prevent claim denials (i.e. exams, prophylaxis, etc.)

Service Authorization – Dental

Frequency List-approvals for new patients:

- A service authorization will need to be submitted for all recipients for requests for frequency list
- A note on the submission or in Box 35 of the service authorization stating “request for frequency” will be required and the medical or mental health condition will also be required.
- Documentation may be attached and probing depths may be required depending on the services being requested (D4910).
- The recall of the visits will need to be noted on the service authorization, if this is not indicated, the authorization will be allowed at 2 per year
- All applicable codes will need to be present on the service authorization to prevent claim denials (i.e. exams, prophy’s, etc.)

Service Authorization – Dental

DD List-existing approvals:

- A service authorization will need to be submitted for all recipients previously approved for the DD list
- If previously approved for the DD list, please submit a service authorization with all applicable codes including code D9920 and the service authorization will be entered into the Health Enterprise system
- The recall of the visits will need to be noted on the service authorization, if this is not indicated, the authorization will be allowed at 2 per year
- All applicable codes will need to be present on the service authorization to prevent claim denials (i.e. exams, prophylaxis, etc.)

Service Authorization – Dental

DD List-approvals for new patients:

- An initial service authorization will need to be submitted for all new recipients for requests for DD recipients, code D9920 – “extra time”
- SFN 64 - Request for Extra Time – Individuals with DD will be required for new individuals and this form can be found at: <http://www.nd.gov/eforms/Doc/sfn00064.pdf> . Please see the dental manual for additional information, pg. 7.
- The recall of the visits will need to be noted on the service authorization, if this is not indicated, the authorization will be allowed at 2 per year
- All applicable codes will need to be present on the service authorization to prevent claim denials (i.e. exams, prophylaxis, etc.)

Service Authorization – Dental

- For all Frequency list and DD list recipients:
 - These service authorizations will be approved for a 5 year timeframe
 - The codes being authorized will need to match the claim
 - The service authorization number issued must be on the claim for payment

QUESTION & ANSWER OPEN LINE SESSION

Open Line Question & Answer

We are opening the phone line in order to field any questions you may have. In order to get your question in queue, please perform the following;

- **Press star***, then **pound#** to move into the call queue.
- The operator will advise you when you have the floor.
- Additionally, you are not limited to the number of questions you can ask. However, you will again need to please **press star***, then **pound#** to have the floor.

Service Authorization – Dental

Thank you