Comagine Health

# New Mexico Medicaid Checklist
# Dental Request Submissions

## Prior Approval Requests

**The requesting provider submits the following:**

- ☐ All requests for authorization of dental services must be submitted on the 2019 ADA Dental Claim Form, or its successor. Instructions on form completion are posted on the ADA's web site (ADA.org).
  - ☐ Provide all information on the claim form required for filing for payment except "Date Service Performed."
  - ☐ Check the "Predetermination/Preauthorization" box
- ☐ Include any required x-rays, reports or supporting documentation.
  - ☐ Copies of digital x-rays will be accepted if the x-rays are of diagnostic quality.
  - ☐ If duplicate x-rays are submitted, identify left and/or right side.
  - ☐ Include the date x-rays were taken.
  - ☐ If x-rays are applicable for documentation and the x-rays are not available, the provider must document the reason(s) for the unavailability.
  - ☐ Reports must include the diagnosis, area, oral cavity designations for quadrants 10 - UR, 20 - UL, 30 - LL and 40 - LR or tooth number(s) and the necessity of the procedure.
  - ☐ X-rays and attachments must be clearly labeled with the dental provider's name, address, date and the patient's full name.

Dental prior authorizations are valid for **180 calendar days from the date of approval**. Prior authorizations can be updated when the prior approval period expires before the service is rendered. The provider initiates the update by uploading all the current and pertinent information to the original episode and request.

## Retroactive Recipient Eligibility or Retroactive Approval of MAD Provider Participation

Prior approval can be done after a service is furnished when the effective date of the individual's MAD eligibility or the provider's MAD participation is retroactive to a date before the service was furnished.

Requests for retroactive prior approval will be granted only in the following instances:

- Service is furnished before the determination of the effective date of the recipient's eligibility for MAD or the servicing provider's MAD Provider Participation Agreement. Retroactive requests for prior approval based on retroactive recipient or provider eligibility must be reviewed in writing by the review agency within thirty (30) calendar days of the date of the eligibility determination and;
- In cases of medical emergency.