



MaineCare Services
*An Office of the
 Department of Health and Human Services*

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Department of Health and Human Services
 MaineCare Services
 Prior Authorization Unit
 #11 State House Station
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Provider Instructions for requesting Dental Procedures/Services

Policy: Chapter II, Section 25 (<http://www.maine.gov/sos/cec/rules/10/ch101.htm>)

Fax or mail request, please do not do both.

**Please allow up to 30 calendar days from the date the request is received in the
 Prior Authorization Unit to review and make a decision.**

Required information to request Dental Services:

- Pre-Treatment Estimate request on ADA Dental Claim Form or MaineCare PA request form (MaineCare currently has PA forms for the following services: Periodontal Scaling & Root Planing (D4341), Occlusal Guard (D9940), Oral Surgery, and Temporomandibular Joint Services. MaineCare also has forms for Dentures, Children’s Limited Orthodontic Services (D8010, D8020, D8030, D8050, D8060, D8210, D8220) and Comprehensive Orthodontic Treatment which requires the Handicapping Labiolingual Deviation (HLD) form completed along with written comprehensive orthodontic treatment plan (D8070, D8080, D8090) – see specific instruction sheet on these services.
- Member’s name and date of birth and ID member number
- Medical history
- Pertinent findings on examination
- All x-rays and the date on which they were taken
- Diagnosis of existing conditions
- Written treatment plan including all treatment necessary
- Date of each service
- Name of person performing the service if it is other than the billing dentist
- Description of all treatment
- Recommendations for additional treatment or consultations
- Medications administered or prescribed
- Supplies dispensed or prescribed
- Tests prescribed and results

Covered Services are available for:

- ✓ Eligible members under the age of 21
- ✓ Eligible members of any age residing in an Intermediate Care Facility for Persons with Mental Retardation (ICF-MR)

- ✓ Limited services for eligible members over the age of 21. (selected procedures as necessary to relieve or eradicate acute pain, control bleeding, eliminate acute infection and prevent imminent tooth loss.)

Covered Services:

- ✓ Clinical oral Examinations
- ✓ Radiographs
- ✓ Preventive Services
- ✓ Prophylaxis, Topical fluoride, Sealants, Fixed space maintainers, oral hygiene instruction, behavior management, tobacco cessation counseling.
- ✓ Restorative Services
- ✓ Amalgam and composite restorations, crowns, sedative fillings.
- ✓ Endodontic Services
- ✓ Direct pulp capping, pulotomy, root canal treatment, apexification, apicoectomy
- ✓ Periodontic services
- ✓ Scaling and root planning.
- ✓ Prosthodontics
- ✓ Reimbursable removable prosthodontics, partial dentures, immediate dentures, full dentures, and overdentures.
- ✓ Oral Surgery
- ✓ Extraction of teeth that exhibit acute signs of dental disease, infection, decay or traumatic injury, impacted teeth,
- ✓ Orthodontic Services
- ✓ Temporomandibular Joint Services
- ✓ Treatment is reimbursable only by prior authorization and in severe symptomatic cases.

Special Requirements for Adult Services:

- Does not include ongoing comprehensive dental treatment, treatment of the dentition and gingival, and routine treatment of decay
- Emergency or urgent covered procedures include:
 - Acute surgical care directly related to an accident where traumatic injury has occurred
 - Diagnostic procedures to identify the acute problem (exam, x-rays, pulp testing)
 - Medications necessary to eliminate infection and control acute pain
 - Pulpotomies and root canal treatments for acutely painful teeth
 - Restorations necessary to restore previously endodontically treated teeth
 - Extraction of teeth as necessary to treat acute pulpitis or acute periodontal abscess
 - Oral surgical and related medical procedures not involving the dentition and gingival

Non-Covered Services:

- ❖ No reimbursement for any member age 21 or older for orthodontics, orthognathic surgery, or repair of cleft palate procedures except in those cases where said treatment is being performed to correct a post-traumatic or post-surgical disfigurement, or if these services are a continuation of ongoing treatment started before age 21, or when these services meet the criteria in Special Requirements for Adult Services.

- ❖ No reimbursement for missed appointments. The member cannot be billed for a missed appointment even if the member was notified in advance there would be a charge.

PA criteria to approve request:

- Eligible members up to age 21.
- Eligible members age 21 and older (are only available for selected procedures).

Request will be Deferred (need additional information) when:

- Dental claim form is not attached.
- There is insufficient documentation of the clinical criteria listed above and medical necessity cannot be established by the Department.
- X-rays (if needed).

Request will be Denied when:

- Requested/Deferred information was not received within 30 days.
- Does not meet MaineCare Medical Criteria.

Providers please note:

for a **pre-treatment estimate/prior authorization request**, mail to:

Department of Health & Human Services
MaineCare Services
Attn: Prior Authorization Unit
11 State House Station
Augusta, ME 04333

- for submitting **paper claims**, mail to:

MaineCare Claims Processing
M-600
Augusta, ME 04332

- for submitting **adjusted claims**, mail to:

MaineCare Adjustments
M-1300
Augusta, ME 04332