



KEPRO DENTAL AUTHORIZATION AND THIRD PARTY LIABILITY (TPL) TRAINING

Documentation TIPS

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Acronyms

- Keystone Peer Review Organization (KEPRO)
 - Medical Review Agent (MRA)
 - Federally Qualified Health Center (FQHC)
 - Fee For Service (FFS)
 - Third Party Liability (TPL) also referred to as primary payer
 - Explanation Of Benefits (EOB)
 - Prior Authorization (PA)
 - Minnesota Health Care Programs (MHCP)
 - Medicaid (MA)
- * Patients with Medicaid health insurance are referred to as members or recipient

Background

- The MHCP dental program provides medically necessary, cost-effective oral health care to MHCP members. This care meets specific limits outlined in Minnesota state statute and rules, and have been adopted by DHS. Services provided must be medically necessary and meet dental community standards of care.
- Member eligibility and MHCP covered services should always be checked prior to providing dental services.
- KEPRO is the medical review agent for DHS. All PA requests should be submitted via Atrezzo portal (online), fax, or mail. Please note: Radiographs cannot be faxed as they are rendered non-diagnostic in the process.
- DHS does not accept PA requests and will not forward requests to KEPRO.

Eligibility in three easy steps

1. Check the MHCP member's eligibility through MN-ITS for coverage
 - **Be sure that the member's eligibility dates include the expected date of service of the PA request**
2. Print and include ALL pages of the MN-ITS member's eligibility response document
3. If the eligibility response shows that the member is not eligible, do not send a PA request - it will be rejected

MN-ITS TPL coverage codes

MN-ITS shows what TPL a member has and what services are covered

- Members may have more than one TPL. Be sure to review all listed TPL coverage codes when verifying the member's eligibility
- Found under the "Other Insurance" section. You will only see this section if the member has TPL
- These codes indicate that the member has TPL dental coverage:
 - **10 Dental (Comprehensive)**
 - **11 Dental (Preventive)**
 - **24 Dental (PPO)**

Why do we care about TPL?

KEPRO cannot consider a request for authorization unless the provider has made a “good faith effort” to receive payment or authorization from the third-party payer

MA is the payer of last resort. Before MA will consider payment, it is the provider’s responsibility to:

- Attempt billing a service/item to all dental eligible TPL or
- Provide documentation of TPL denial

Demonstrating a “good faith effort”

Submit one of the following:

- A. An EOB statement showing determination of payment by the primary payer(s)
 - Required for codes:
 - 10 Dental (Comprehensive)
 - 11 Dental (Preventive)
 - 24 Dental PPO
- B. A determination of authorization or denial of authorization by the primary payer(s)
- C. Written communication from the primary payer(s) showing the service is not covered for the member
- D. Documentation by the provider of a phone call to the primary payer(s) and the statements made by the primary payer about coverage of the service or item for the member
 - Document who the provider spoke to and include:
 - Phone number and extension
 - Date of the conversation
 - Written explanation of why the primary payer does not cover the service
- E. MN-ITS Eligibility page showing coverage type(s)

PA status “Pending”

When a submitted PA is set to “Pending” by KEPRO, the following are the most common reasons why:

- Missing required documentation
 - Long Term Prognosis
 - Six point Periodontal Charting
- Dentures and Partial
 - Member is not eligible for replacement. Devices are eligible after 6 years
 - Documentation is required for early replacement and must include a detailed narrative. Be sure to include if the member has lost or damaged device, if the device was stolen, or any other reasons for needing a replacement.
 - Full dentures **do not** require PA (if replacement is greater than 6 years)
- Retrospective requests that do not include detailed case notes from the requested date of service
- Education & oral hygiene instruction conducted with patient and/or caregiver must include detailed narrative of education provided

PA status “Pending”

- Extractions

- Symptoms per tooth must be charted
- Pain levels - severity of pain for each tooth requested
- Recurrent episodes of Pericoronitis for each tooth requested
- Swelling - location, tooth number or teeth involved
- History of infections or provide evidence of pathology for each tooth requested
- Pocket depth listed per tooth in six point periodontal charting
- How long has the recipient been experiencing these symptoms for each tooth requested?

TIPS:

- ❖ “Paint a picture” within documentation submitted so the reviewer can “see” what is going on and easily identify that DHS Criteria has been met
- ❖ Do not send irrelevant medical charting. The easier it is to read, the faster it is to process

QUESTIONS & ANSWERS

Please refer to FAQ

Thank you!
