

General Dental and D1110 Prophylaxis Requests

FAQ - Frequently Asked Questions

Q: How closely does the MN-ITS history information mirror the MMIS history information and are they updated simultaneously?

A: Yes, MN-ITS and MMIS are updated simultaneously since they are part of the same DHS computer system.

For questions about MN-ITS information, please contact DHS at:

<https://mn.gov/dhs/partners-and-providers/contact-us/minnesota-health-care-programs/providers> or call 651-431-2700 or 800-366-5411

Q: If MN-ITS does not show history of full prosthesis and a provider goes ahead with this service but are told there IS history when they bill for this service, how would this be handled (will provider be paid?)?

A: Providers should always ask the member if they have seen another provider for the same services. This can avoid a duplication of services and possible denied claims. In addition, per the Overview section for Dental Services in the MHCP Provider Manual: "Before beginning a dental service or procedure verify member eligibility and available services in MN-ITS. The MN-ITS (271) eligibility response identifies some of the dental benefits limits to the extent that fee-for-service (FFS) claims have been processed for payment. Providers must contact the Provider Call Center to verify if claims have been processed for payment for other limited services not displayed on the (271) eligibility response. This is not a guarantee that your service will be covered as the information is based on claims that have completed the adjudication process." Contact DHS at **651-431-2700** or **800-366-5411** for further clarification with regard to recipient history.

Q: Do I need an Authorization for the FIRST (1st) Prophylaxis D1110 of each *calendar* year?

A: No, you will bill the first D1110 procedure *each calendar year* without the Prior Authorization (PA) Number. Subsequent procedures billed must include the authorization number from the active PA for that time period.

Note: Authorizations (PAs) are only active for up to two calendar years and procedures will be authorized according to the recall schedule you select on the questionnaire.



Example: For 2 year authorization with a 3 month recall schedule (MRC), 3 additional D1110 per year may be requested. A total of 6 D1110 should be requested for the 2 year request

Year 1 (2021) = 1st Prophy (no PA # needed) performed 1/15/21 with a 3 month recall schedule (MRC) (4 procedures per year)

Line 01 – (2nd Prophy) Start/End Date: 04/01/21-06/30/21

Line 02 – (3rd Prophy) Start/End Dates: 07/01/21-09/30/21

Line 03 – (4th Prophy) Start/End Dates: 10/01/21-12/31/21

Year 2 (2022) = 1st Prophy (no PA # needed) performed 1/15/22 with a 3 month recall schedule (MRC) (4 procedures per year)

Line 04 – (2nd Prophy) Start/End Dates: 04/01/22-06/30/22

Line 05 – (3rd Prophy) Start/End Dates: 07/01/22-09/30/22

Line 06 – (4th Prophy) Start/End Dates: 10/01/22-12/31/22

Q: How long will it take for an Auto-approval determination?

A: An auto-approval determination is generated immediately following submission of the questionnaire. Once the case is auto-approved, it may take 1-2 days for the Authorization in MMIS to be completed and for the PA number to be populated in the Atrezzo Case. If the case cannot be auto-approved, it will be routed for manual review according to the established time frame.

Note: Requests for D1110 auto- approval should be submitted with start dates in the future (prior authorization requests). Requests submitted with a start date that is equal to or before the current date (retrospective) cannot be auto-approved and will automatically be routed for manual review.

Q: Where does the questionnaire come in?

A: After documents are attached

Q: What Diagnosis Code should I use for a D1110 request?

A: K08.9

Q: Can someone other than a Provider (a family member, etc.) request a prior authorization?



A: No, only a Provider can request an authorization for service that meets DHS criteria

REMINDERS:

- Training Presentations are always available for review. Access them at <https://mhcp.kepto.com>.
- Clinical Documentation as required must be uploaded and submitted for all Auto-Approval Requests (X-rays, SOAP Notes, etc.).
- Questionnaires must be complete and accurate. Audits will be performed to ensure documentation attached matches Questionnaire responses, i.e., Question 1 – only select items clearly indicated in clinical documentation.
- Date of 1st Prophylaxis of the first year being requested must be submitted on the questionnaire and must match documentation attached to case.
- Request for Prior Authorization Start Dates should reflect the (future) date of the next anticipated service date per MRC schedule as determined by the Clinician.
- Case Notes submitted with auto approval request are not seen in automated process. If case notes are added after submission for auto-approval, the case will be routed for manual review.

Helpful Links:

KEPTO Provider Portal and Atrezzo including training, presentations, etc., please visit

<https://mhcp.kepto.com>

Minnesota Department of Human Services please visit

<https://www.dhs.state.mn.us/main>

Minnesota MHCP Manual – Dental Services, please visit

[MHCP Provider Manual - Dental Services \(Overview\) \(state.mn.us\)](#)