

**9/3/2008**

**RA TO PROVIDER TYPES: 04, 05, 12, 30, 31, 52, 56 and 99**

**DENTAL PAS AND APPROVED AMOUNTS**

EFFECTIVE JULY 1, 2008, OHIO MEDICAID IMPLEMENTED A FEE INCREASE FOR ALL COVERED DENTAL SERVICES. SOME OF THESE SERVICES REQUIRE PRIOR AUTHORIZATION (PA).

DENTAL PAS APPROVED PRIOR TO JULY 1, 2008 WERE AUTHORIZED WITH THE FEES IN EFFECT ON THE DATE OF APPROVAL. THESE PAS CONTAIN THE CORRECT FEES FOR SERVICES RENDERED PRIOR TO JULY 1, 2008.

PROVIDERS RENDERING SERVICES ON AND AFTER JULY 1, 2008 WITH A PA APPROVED PRIOR TO JULY 1, 2008 WILL NOT RECEIVE THE HIGHER FEE UNLESS THEY REQUEST A CHANGE TO THE APPROVED PA AMOUNT.

THE FEE INCREASE DOES NOT IMPACT PAS FOR DENTAL SERVICES THAT DO NOT HAVE A MAXIMUM FEE AND THAT ARE INDIVIDUALLY PRICED IN PA OR BY REPORT.

TO REQUEST A CHANGE TO THE PRIOR AUTHORIZED AMOUNT BASED ON THE NEW FEE, PROVIDERS MUST SUBMIT THE ORIGINAL PA APPROVAL LETTER (ODHS 4044) CONTAINING THE 6 DIGIT PA NUMBER WITH THE REQUEST THAT THE APPROVED AMOUNT BE CHANGED.

THESE FORMS CAN BE MAILED OR FAXED TO THE PA UNIT AT 614-752-7701.