

Quick Reference Guide:

Requesting Prior Authorization (PA) in PNM for Dental Services Provided by Federally Qualified Health Centers (FQHCs)

FQHCs submit their claims for dental services on a Professional Claim form (CMS 1500). This form does not allow entry of the tooth number, oral cavity quadrant, or tooth surface information.

This Quick Reference Guide provides detail on the specific sections where the information related to dental services provided by Federal Qualified Health Centers (FQHCs) is submitted for prior authorization in the PNM system. For full guidance on all the Prior Authorization submission panels, please refer to the [Prior Authorization User Guide](#) and the [Prior Authorization Billing Guide](#) located under the [‘Learning’ tab](#) in PNM.

Dental services provided at FQHCs that require a prior authorization, must be submitted using the following steps:

1. When submitting a prior authorization for dental services provided by an FQHC, select ‘Dental’ for the Prior Authorization Type.

Note: This allows for the dental assignment options to display for the prior authorization.

The screenshot shows two UI elements. The top element is a panel titled "Prior Authorization Type" with three radio button options: "Dental" (which is selected), "Professional", and "Institutional". The bottom element is a dropdown menu labeled "*Assignment:". The dropdown is open, showing two options: "Dental" and "Orthodontics".

2. If a FQHC is entering a prior authorization for FQHC dental services, the applicable tooth number, oral cavity quadrant, or tooth surface fields cannot be selected under the ‘Service Details’ section, since these fields do not exist on a Professional Claim form (CMS 1500). Details relating to these fields must be entered as notes. Click **Add** under the Service Details section/panel.

The screenshot shows a section header "- * SERVICE DETAILS" in a blue bar. Below the header, a green message states: "No Service details found. Please Click on Add button to register." To the right of the message is a blue button labeled "Add".

3. When entering details about each service, type the details relating to the service under the “Provider Service Note” field.

Example note: “Crown on 9”

The screenshot shows a text input field labeled "Provider Service Note:". The field contains the text "Crown on 9".

4. After listing other details relating the service, click the **Add** button (above 'Cancel').

Note: Do not select anything from the drop-down options for Tooth Number, Oral Cavity, or Tooth Surface under the 'Service Details' section/panel.

- * SERVICE DETAILS

No Service details found. Please Click on Add button to register.

An asterisk * indicates a required field

*Procedure Code: 0CQX0Z0 [Search](#)

Procedure Code Description:

Tooth Number: --select--

Oral Cavity: --select--

Tooth Surface: --select--

Provider Service Note: Crown on 9

Prosthesis, Crown or Inlay: --select--

*Requested Units: 1

*Requested Dollars: 220

*Requested FDOS: 05/01/2024

*Requested TDOS: 05/05/2024

Service Tracking No:

Authorized Units:

Authorized Dollars:

Authorized FDOS:

Authorized TDOS:

Remaining Units:

Status:

Add **Cancel**

5. Repeat Steps 3 & 4 to add other service lines and detailed service information.

Example note for Service Line 2: "Extraction of 13"

Provider Service Note: Extraction of 13

6. Under the 'Provider Notes' section/panel, an FQHC must include a statement that the prior authorization request is for an FQHC dental service submitted on a professional claim format (rather than an American Dental Association dental claim format).

Example note: "We are a FQHC submitting this Dental PA"

Click **Save** to save the note. Once saved, the option to 'Edit' or 'Delete' appears.

- PROVIDER NOTES

Note

We are a FQHC submitting this Dental PA

Edit **Delete**

Max 262 characters. If note exceeds 262 characters, a word document can be added in the attachment section.

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