

9/1/83
B

Bulletin No. 83-7

P-2620

P-2620 Medical Care (Continued)

B. Dental

1. If an applicant applies for emergency dental care and misses his dental appointment for any reason, he will have to apply for GA again. To be eligible for emergency dental services, an applicant's need must be immediate; even if only a few days have passed, the emergency nature of the applicant's needs must be re-evaluated.
2. If you find an applicant eligible for GA dental assistance after he has already received the dental care (up to 30 days after the billing date), complete a vendor using no dollar amount and authorizing emergency care for the day that the care was received. For example, if an applicant had a tooth pulled on 8/15/83 and was found eligible for GA dental assistance on 8/21/83, complete a vendor authorizing "Emergency only, 8/15/83, to relieve pain, bleeding, or infection - per fee schedule." Keep the pink copy for the case record, and give the white and yellow copies to the applicant to deliver to the dentist; or mail the vendor, minus the pink copy, directly to the dentist.
3. If you grant prior approval to an applicant for GA dental assistance, complete a vendor using no dollar amount and authorizing emergency care for that day or the next day. For example, if someone is found eligible for dental assistance on 9/3/83, complete a vendor authorizing "Emergency only, 9/4/83, to relieve pain, bleeding, or infection - per fee schedule." Keep the pink copy for the case record, and give the white and yellow copies to the applicant to take to the dentist.
4. If there are available resources you should indicate this on the vendor before giving the vendor to the recipient. For example, if a recipient has \$25 to apply toward his emergency dental need, write "... per fee schedule minus \$25." on the vendor. Accounting will then deduct this amount from the check that is sent to the provider.
5. Do not authorize payment on the vendor, even for the first \$20 of care. All claims, regardless of amount, will be routed through the Dental Consultant for payment authorization.
6. When the Dental Consultant has reviewed the claim which the provider has submitted, he will send a payment authorization to Accounting, and Accounting will mail a check directly to

the provider.

7. If the Dental Consultant determines that a service was not necessary to meet an emergency need, the provider will not be paid for the service.