Objective	Submit an Authorization Request for Dental Services
Performed by	MN–ITS Interactive Users with a Consolidated NPI
Background	Some MHCP services require authorization. Do **not** send authorization requests for services that do not require authorization. For authorization criteria and documentation requirements refer to the appropriate section Authorization Requirement Tables for Children and Pregnant Women or Authorization Requirement Tables for Non Pregnant Adults.

Using MN–ITS Interactive

- Complete all **bolded** (required) fields

- Complete other (non-bolded, situational) fields as appropriate for your request

- Underlined items are linked to definitions and additional information about that item, including information about completing a field, code definitions for fields, or instructional information

- Field titles with an asterisk (*) indicate that the information is situational. Some fields are grouped together in boxes of associated information. If you complete one asterisked field within a boxed section of a screen, you must complete all asterisked fields in that section of the screen

Submitting an authorization request

1. Log in to MN–ITS

2. Select **MN–ITS** from the left-hand menu

3. Select **Authorization Request (278)**

Completing the Authorization Tab

AUTHORIZATION CATEGORY
Select the appropriate authorization **Type** from the drop-down menu.

REQUESTER
1. Select the **LOOK UP** button to select a location and taxonomy code. **Note:** Not all providers will need to select a taxonomy. Only providers where the address information is the same will require a taxonomy to be selected.

2. Select **Show Taxonomy** link in the right hand column of the selected location. A drop down menu will appear with selections for that location. Select the **blank circle** next to the correct location or select a taxonomy code in the **Select One** drop down box if the address information is the same.

3. Select the **Submit** button in the upper left or lower hand corners of the pop up screen. The providers name, street address, city/town, state and zip code will auto-populate based on the locations selection.

4. Enter the first and last name of a contact within your organization that can answer questions about this request in the **Contact Name** field.

5. Enter the phone number at which your contact can be reached (including area code) in the **Communication Number** field.

6. Select the **A** button to add the communication number.

SUBSCRIBER

1. Enter the recipient's last name in the **Last Name** field.

2. Enter the 8-digit member number from the recipient's MHCP member ID card in the **Subscriber ID** field.

3. Enter the recipient's first name in the **First Name** field.

4. Enter the recipient's birth date in the **Birth Date** field in 2-digit month, 2-digit day, and 4-digit year (MMDDYYYY) format. The birth date must match the birth date on the MHCP file.

5. Enter the primary ICD-CM-9 diagnosis code in the **Principal Diagnosis** field. Use the most appropriate ICD-CM-9 diagnosis code within the 520 – 529 range. If none apply, you may use V72.2 General Dental Exam as a default diagnosis.

6. Enter secondary or tertiary ICD-CM-9 diagnosis codes as needed in the **Secondary Diagnosis** and **Tertiary Diagnosis fields.**

SERVICE REQUEST HEADER

1. The **Certification Type** field indicates this is an original request. The default response is **I** for initial request.

2. The **Total Submitted Charges** field is displayed but cannot be altered. The field will populate after you enter the line information on the SERVICE REQUEST DETAIL.

3. The **Release of Information** field indicates whether or not you have a release of information on file from the recipient. The default response is Y for yes the appropriate release of information is on file.

Completing the Services Tab

SERVICE REQUEST DETAIL

1. Enter the date that you would like to begin providing services in the **Start Date** field in MMDDYYYY format.

2. Enter the date that you will complete these services (if it is less than 12 months from the start date) in the **End Date** field in MMDDYYYY format.

Note: if after completing the Services Tab you receive the error message: "Denied incorrect payer", verify eligibility using MN–ITS to confirm the recipient is not enrolled with a managed care organization (MCO):

–   If the recipient is enrolled in an MCO, contact the MCO

–   If the recipient is not enrolled in an MCO, contact the MHCP Provider Call Center and verify the effective date of MCO coverage. For services completed prior to effective date of MCO coverage, use the actual date of service or a date before the MCO effective date

3. Enter the appropriate code in the **Procedure** field.

4. Dental Providers do not currently use the **Modifiers** field.

5. Enter the number of units as 1 (one) in the **Quantity** field.

6. Enter the total dollar amount you are billing for the line item in the **Amount** field.

7. Enter a description of the service to be provided in the **Service Description** field.

8. Optional: **Tooth Number, Oral Cavity Designation, or Prosthesis** fields should only be used if the service you are requesting authorization for requires it.

9. Select the **Save** button to save the line item. Saved line information is visible next to the blue dot.

    - ***To add additional lines***, select the **New** button to add an additional line and clear the fields on the screen. Maximum 20 lines for dental

    - ***To delete a line***, select the **Delete** button to delete the line item next to the blue dot

10. Repeat Steps 1 – 8 until all line items are entered.

Submitting your Authorization Request for review

Select the **Submit** button. Within seconds, you will receive a response.

If your response states:	Then:
This request has been received for review by DHS.	Print the response page and attach one to the required documentation. Keep a copy of the response for yourself. Write the 11-digit number assigned on each page of your required documentation. Mail all required documentation together including x-rays to the medical review agent to assure accurate processing.
Your authorization request was not submitted due to the following conditions:	Refer to the Claim Status Codes available at the

	Washington Publishing Company (WPC) website.

After your Authorization Request is approved or denied, you will receive the final Authorization Letter in your MN–ITS Mailbox *miscellaneous received file type: PAL*.