



TIP SHEET:

Prior Authorization for Dental Services in an Inpatient Facility

Nevada Medicaid policy authorizes payment for certain dental services in hospital or surgical centers. Please refer to [Medicaid Services Manual Chapter 1000 Dental, Section 1003.17](#) for additional information on these requirements.

Prior Authorization Requirements for the Dental Provider (Provider Type 22):

For Medicaid recipients of all ages: If prior authorization (PA) is required for the dental procedure (Current Dental Terminology (CDT) code), the dentist rendering the service must obtain prior authorization. To determine PA requirements, please review the [Authorization Criteria Search Function](#).

Prior Authorization Requirements for the Inpatient Hospital Setting:

Prior authorization is required for dental procedures that require inpatient hospitalization.

Prior authorization must be requested at least eight business days prior to the date of service.

To request a PA for the facility:

Step 1: Create a Medical PA with Process Type: Inpatient M/S or Retro Inpatient M/S if the recipient has retro-eligibility.

Step 2: Complete Recipient, Rendering Provider and Diagnosis Information.

Step 3: Enter the appropriate [revenue code](#) for the inpatient stay into the service details, as well as applicable dates and Medical Justification.

Step 4: The prior authorization request must include the following attachments:

- A letter of medical necessity signed by the provider that clearly identifies why the procedure(s) could not be completed in an office setting. This letter must also include the name and National Provider Identifier (NPI) of the inpatient facility.
- A completed American Dental Association (ADA) form listing all dental procedures (CDT codes) to be performed.