



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

DIVISION OF MEDICAID &  
MEDICAL ASSISTANCE

*Delaware Medical Assistance Program*



## How to: Submit a Dental Prior Authorization (PA) Request through the Portal

**Please Note:** This document contains fictitious information and does not contain protected health information (PHI) or personally identifiable information (PII) data.

**INTRODUCTION:** This user guide provides the steps required to submit a dental prior authorization (PA) request through the DMAP Provider Portal.

### Need Assistance?

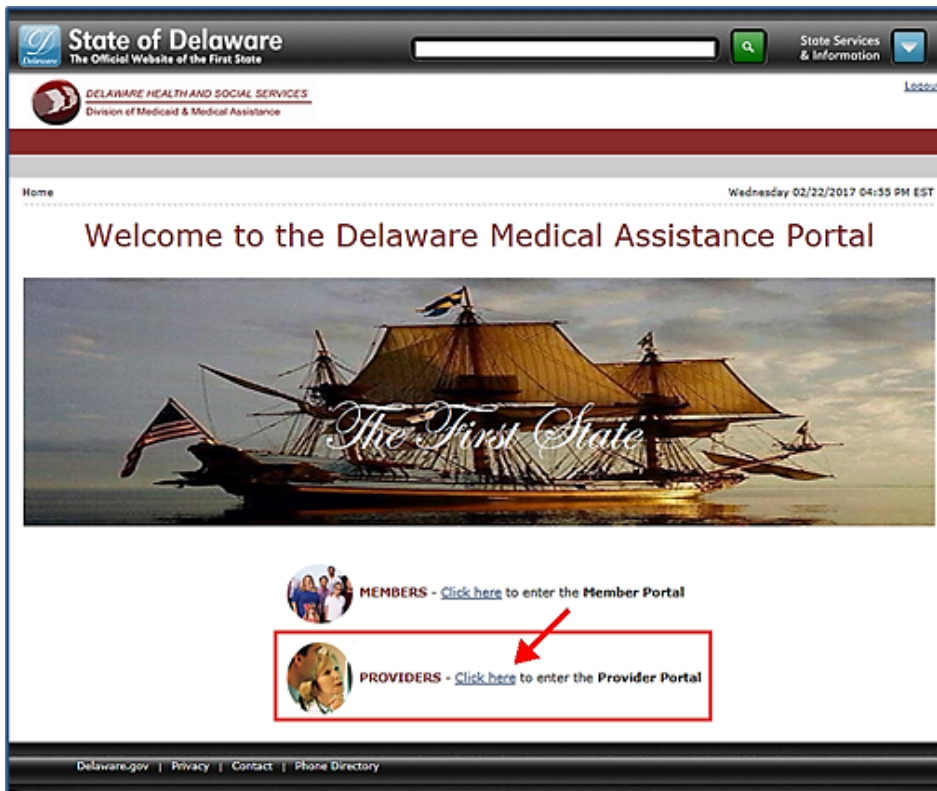
**Call Us:** Provider Relations at **1-800-999-3371**; Option **0**, then Option **4**.

**Message Us:** Secure Correspondence: Log in to the [Provider Portal](#).

**Email\* Us:** [delawarepret@gainwelltechnologies.com](mailto:delawarepret@gainwelltechnologies.com) – \*Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox.

### Steps

1. Go to the Delaware Medical Assistance Portal: <https://medicaid.dhss.delaware.gov/>.
2. Click [Click Here](#) to enter the Provider Portal.



## Steps

3. Log in by entering the User ID, Challenge Question, and Password.

The screenshot shows the login page for the Delaware Medical Assistance Portal for Providers. At the top, there is a navigation bar with the State of Delaware logo and the text "The Official Website of the First State". Below this is a search bar and a "State Services & Information" dropdown menu. The main header includes the "DELAWARE HEALTH AND SOCIAL SERVICES" logo and the text "Division of Medicaid & Medical Assistance", along with a "Contact Us" link. The page content is divided into several sections:

- Login Section:** A blue-bordered box on the left contains a "Login" header, a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?".
- Welcome Message:** A red header reads "Welcome to the Delaware Medical Assistance Portal for Providers". The text below explains that the portal provides information to health care providers about the Delaware Medical Assistance Program (DMAP) and lists resources for Managed Care Organization (MCO) providers and Managed Care-Only Providers (MCOPs).
- DMMA Coronavirus COVID-19 Updates:** A yellow banner with a scroll effect features the heading "DMMA Coronavirus COVID-19 Updates:" and a link "Click Here" for COVID-19 information pertaining to Coverage, Copays, Coding, Pharmacy, Telehealth, DMAP Notifications (Notify Me) and related resources.
- Privacy Notice:** A section titled "Protect Your Privacy!" advises users to log off and close browser windows, with a link to the "Privacy Policy".
- Manuals, Bulletins and Forms:** A section with a link to "Manuals, Bulletins and Forms".
- Provider Enrollment:** A section with links for "Provider Enrollment" and "Trading Partner Enrollment".
- How-To Corner:** A section with a link to "How-To Corner".

At the bottom of the page, there is a partial view of a photograph showing a person's hands and arms.

## Steps

4. From the **Home** page, click the **Care Management** tab and then click on **Create Authorization**.

The screenshot displays the State of Delaware Health and Social Services portal. At the top, the header includes the State of Delaware logo, the text "The Official Website of the First State", a search bar, and a "State Services & Information" dropdown menu. Below the header, the "DELAWARE HEALTH AND SOCIAL SERVICES" logo is shown, along with the text "Division of Medicaid & Medical Assistance". A navigation bar contains tabs for "Home", "Eligibility", "Claims", "Care Management", "Patient Health History", "Files Exchange", "Resources", and "Switch Provider". The "Care Management" tab is selected, and a sub-menu shows "Create Authorization" (highlighted with a red box), "View Authorization Status", and "Maintain Favorite Providers". Below the navigation bar, there are links for "Challenge Question", "Site Token Password", and "Home", along with the date and time "Friday 12/19/2025 07:25 AM EST".

The main content area shows a summary of the user's role and location:

<b>Delegate for</b> HPEtest1	<b>Role IDs</b> Provider - In Network - 123456787 (NPI)	<b>Location</b> 12345678 - HP
<b>Provider Name</b> HP		<b>Taxonomy</b> 208000000X-Pediatrics

Below this summary, there are three main sections:

- User Details:** Includes a "Welcome" message, a "My Profile" link, and a "Switch Provider" link.
- Provider:** Displays the provider's name (HP), Provider ID (123456787 (NPI)), and Location ID (12345678). It also includes a "Characteristics" link.
- Provider Services:** Includes links for "Member Focused Viewing", "Search Payment History", and "Search Documents".

On the right side of the main content area, there are two links: "Notify Me" and "Secure Correspondence".

At the bottom of the page, there is a footer with the text "Delaware.gov | Privacy | Contact | Phone Directory".

## Steps

5. In the **Create Authorization** panel, select **Dental** as the authorization type. Select the process type from the **Process Type** drop-down menu. Select the urgency from the **Urgency Indicator** drop-down menu. The **Requesting Provider Information** will display.

Required fields are marked with a red asterisk (\*).

The screenshot shows the 'Create Authorization' web form on the State of Delaware's official website. The page header includes the State of Delaware logo and navigation links. The main navigation bar contains tabs for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Patient Health History', 'Files Exchange', and 'Resources'. The 'Care Management' tab is active, and the 'Create Authorization' sub-panel is displayed. The form includes a breadcrumb trail 'Care Management > Create Authorization' and a timestamp 'Thursday 01/22/2026 10:09 AM EST'. The form fields are as follows:

- Provider Name:** HPEtest1
- Role IDs:** Provider - In Network - 123456787 (NPI)
- Location:** 12345678 - HP
- Taxonomy:** 282N00000X-General Acute Care Hospital

The 'Create Authorization' section contains the following options:

- Authorization Type:** Radio buttons for Medical, **Dental** (selected), Hospice, and Pharmacy.
- Process Type:** A required field (marked with a red asterisk) with a dropdown menu.
- Urgency Indicator:** A required field (marked with a red asterisk) with a dropdown menu set to 'Standard'. There are also 'Expand All' and 'Collapse All' links.

The 'Requesting Provider Information' section is expanded and displays:

- Provider ID:** 123456787
- ID Type:** NPI
- Name:** HPEtest1
- Taxonomy:** 282N00000X-General Acute Care Hospital

Below this section are collapsed sections for 'Member Information', 'Rendering Provider Information', 'Diagnosis Information', 'Service Details', and 'Attachments', each with a plus sign icon. At the bottom right of the form are 'Submit' and 'Cancel' buttons. The footer of the page contains links for 'Delaware.gov', 'Privacy', 'Contact', and 'Phone Directory'.

## Steps

6. Enter the Member ID. The Member Information will auto-populate.  
Required fields are marked with a red asterisk (\*).

Create Authorization
?

\* Indicates a required field.

Medical
 Dental
 Hospice
 Pharmacy

[Expand All](#) | [Collapse All](#)

**\*Process Type**

**\*Urgency Indicator**

---

Requesting Provider Information
[-]

**Provider ID** 123456787

**ID Type** NPI

**Name** HP

---

Member Information
[-]

General Patient Instructions

**\*Member ID**

**Last Name**

**Birth Date**

**Other Insurance**

**First Name**

**\*Initial X-Ray/Photo Date**

7. Select the box(es) associated with each missing tooth's number, as appropriate. If none missing, leave blank.

Indicate which of the patient's teeth are missing by checking the check box for the corresponding tooth number.

Permanent

Tooth #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth #	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Primary

Tooth #	J	I	H	G	F	E	D	C	B	A
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth #	K	L	M	N	O	P	Q	R	S	T

8. If the Referring and Service Provider Information is the same as *the* Requesting Provider, check the box(es). If different, complete the required information in the **Referring Provider Information** and **Service Provider Information** sections. Select **Place of Service** from the drop-down menu.

Required fields are marked with a red asterisk (\*).

Rendering Provider Information
[-]

**Rendering Provider same as**  **Requesting Provider**

Select from Favorites

**\*Provider ID**

**\*Taxonomy**

**\*Place Of Service**

**ID Type** NPI

**Name**

**Add to Favorites**

## Steps

9. In the **Service Details** section, enter required information. Click **Add Service**.

Required fields are marked with a red asterisk (\*).

**Service Details** -

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

Line #	From Date	To Date	Status	Code	Modifiers	Tooth#/Letter	Units	Action
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="font-size: x-small; margin-bottom: 5px;"> <input type="checkbox"/> Click to collapse.                 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>*From Date</b> <input type="text"/></p> <p><b>Modifiers</b> <input type="text"/></p> <p><b>*Units</b> <input type="text"/></p> <p><b>Tooth#/Letter</b> <input type="text"/></p> <p><b>Oral Cavity Area</b> <input type="text"/></p> <p><b>Requested Dollars</b> <input type="text"/></p> <p><b>*Medical Justification</b> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div></p> </div> <div style="width: 45%;"> <p><b>To Date</b> <input type="text"/></p> <p><b>*Code Type</b> <input type="text" value="CPT/HCPCS"/> <b>*Code</b> <input type="text"/></p> <p><b>Tooth Surface</b> <input type="text"/></p> <p><b>Additional Service Code Description</b> <input type="text"/></p> </div> </div> <div style="margin-top: 10px; display: flex; justify-content: flex-end; gap: 10px;"> <span style="border: 2px solid red; padding: 2px 5px;">Add Service</span> <span style="border: 1px solid #ccc; padding: 2px 5px;">Cancel Service</span> </div> </div>								

10. In the **Attachments** section, attach any supporting documentation to be submitted with the prior authorization. Click **Add**.

Required fields are marked with a red asterisk (\*).

**Attachments** -

Transmission Method	File	Control #	Action
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="font-size: x-small; margin-bottom: 5px;"> <input type="checkbox"/> Click to collapse.                 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>*Transmission Method</b> <input type="text" value="EL-Electronic Only"/></p> <p><b>*Upload File</b> <input type="text" value="Choose File   No file chosen"/></p> <p><b>Attachment Type</b> <input type="text"/></p> <p><b>*Description</b> <input type="text"/></p> </div> </div> <div style="margin-top: 10px; display: flex; justify-content: flex-end; gap: 10px;"> <span style="border: 2px solid red; padding: 2px 5px;">Add</span> <span style="border: 1px solid #ccc; padding: 2px 5px;">Cancel</span> </div> </div>			

# Steps

## 11. Click Submit.

**State of Delaware**  
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Logout  
Contact Us

**My Home** | **Eligibility** | **Claims** | **Care Management** | **Patient Health History** | **Files Exchange** | **Resources**

Create Authorization | View Authorization Status | Maintain Favorite Providers

Care Management > Create Authorization Friday 12/19/2025 07:31 AM EST

**Provider Name** HPEtest1      **Role IDs** Provider - In Network - 123456787 (NP)      **Location** 12345678 - HP  
**Taxonomy** 282N00000X-General Acute Care Hospital

**Create Authorization** ?

\* Indicates a required field.

Medical       **Dental**       Hospice       Pharmacy

\*Process Type: DENTAL      \*Urgency Indicator: Standard      [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** +

**Member Information** +

**Rendering Provider Information** +

**Diagnosis Information** +

**Service Details** +

**Attachments** +

**Submit**      **Cancel**

Delaware.gov | Privacy | Contact | Phone Directory

## Steps

12. Review the information entered in all fields. If edits are needed, click **Back**. If the information is correct, click **Confirm** to submit the PA request for review. After clicking **Confirm**, an Authorization Receipt with the Authorization Tracking Number will display.

The screenshot displays the 'State of Delaware' portal for 'DELAWARE HEALTH AND SOCIAL SERVICES'. The user is on the 'Create Authorization' page. The form shows the following details:

- Provider Name:** HPEtest1
- Role IDs:** Provider - In Network - 123456787 (NP)
- Location:** 12345678 - HP
- Taxonomy:** 282N00000X-General Acute Care Hospital

The form includes several expandable sections: 'Confirm Authorization', 'Requesting Provider Information', 'Member Information and Type', 'Rendering Provider Information', 'Diagnosis Information', 'Service Details', and 'Attachments'. At the bottom of the form, there are three buttons: 'Back', 'Confirm' (highlighted with a red box), and 'Cancel'. The page footer contains links for 'Delaware.gov', 'Privacy', 'Contact', and 'Phone Directory'.

## Steps

13. Click **Print Preview** to view the PA request details and **Authorization Receipt**. Click **Print** and follow the prompts to print or save a copy of the PA request for your records.

The screenshot shows the State of Delaware Health and Social Services website. The header includes the State of Delaware logo and the text "The Official Website of the First State". Below the header is a navigation menu with options: My Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, and Resources. The main content area is titled "Create Authorization" and shows the following information:

Provider Name	HPetest1	Role IDs	Provider - In Network - 123456787 (NP)	Location	12345678 - HP	Taxonomy	282N00000X-General Acute Care Hospital
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Below the table, there is a section titled "Authorization Receipt" with a question mark icon. The text reads: "Your Authorization Tracking Number 5000000001 was successfully submitted." Below this, there are instructions: "Click **Print Preview** to view authorization details and receipt. Click **Copy** to copy member data or authorization data. Click **New** to create a new authorization for a different member. General Authorization Receipt Instructions". At the bottom of this section, there are three buttons: "Print Preview" (highlighted with a red box), "Copy", and "New".

**Reminder:** Follow the procedures for HIPAA Compliance for Personally Identifiable Information (PII) and Protected Health Information (PHI).

### Need Assistance?

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