

Revision Date: 8/28/2023

Effective Date: 10/2/2023

## Cascade Health Alliance DENTAL PRIOR AUTHORIZATION GRID

- **Before services are provided, check MMIS** for: Member Eligibility & Benefit Coverage.
- All services, procedures must be allowable under Oregon Administrative Rules and the prioritized List for OHP. **Authorization is not a guarantee of benefits or payment.**
- **Questions?** Please call Provider Services at (541) 883-2947

Type of Service:	Comments:	Authorization Required
Denture	Complete dentures, Partial dentures, Flipper, Immediate partial dentures, Immediate dentures if member currently has partial dentures	Yes
Denture	Immediate Full Dentures (excluding replacement of existing partial denture)	<b>No</b>
Endodontist	Exam and radiographs, root canal on anterior and pre-molar teeth, molars under age 21, and 1 <sup>st</sup> molars pregnant women (excluding re-treatment and apicoectomy)	<b>No</b>
Fixed Prosthodontics	Fixed partial denture repair(s)	Yes
General Anesthesia/Sedation services ( <b>excluding</b> nitrous oxide)	Services to be performed in an Office Suite, Ambulatory Surgical center, or Hospital setting	Yes
Nitrous Oxide	Any procedure	<b>No</b>
Oral Surgery	<ul style="list-style-type: none"> <li>• Wisdom teeth extraction with initial evaluation and diagnostic</li> <li>• Orthodontic extraction(s)</li> </ul>	Yes
Oral Surgery	<ul style="list-style-type: none"> <li>• Teeth extractions for #'s 2-15 and #'s 18-31 with initial evaluation and diagnostic</li> <li>• Medical (CPT code) initial evaluation, diagnostic, plus two (2) follow up visits</li> </ul>	<b>No</b>
Orthodontics	All services	Yes
Out of area referrals	All services outside of Klamath County <b>except for:</b> <ul style="list-style-type: none"> <li>• Court Street Dentures</li> <li>• Associates for Oral &amp; Maxillofacial Surgery</li> </ul>	Yes