

Prior Authorization Checklist

To avoid unnecessary delays when requesting prior authorization, please use this checklist to help ensure you provide adequate documentation. In this manual, procedures requiring prior approval have underlined CDT codes. **You must include the reason (medical necessity) for all treatment requested on prior authorizations. For instructions on how to include an attachment, follow the link: [Electronic Attachments for Dental PAs](#).**

Accurate pre-treatment charting is [required](#). Charting must clearly depict all existing restorations, prosthetics, and missing natural teeth, including implants and implant-supported crowns/prosthetics and should be submitted on a tooth chart/graphic depiction.

- **Complete treatment plan is [required](#).** When any portion of a treatment plan requires prior approval, the complete treatment plan listing all necessary procedures, whether or not they require prior approval, must be listed.
- **Radiographs** of good diagnostic quality are [required](#) and must clearly show all current conditions and allow for evaluation, supporting diagnosis/treatment plan of the entire dentition. All radiographs must be labeled with patient's name and date of image taken and should be labeled (left/right side). Full mouth series should be sent in a single mount to facilitate visualization of the entire mouth. Radiographs are required for initial fabrication of full dentures (or first Medicaid full denture request). Radiographic images are not routinely required to obtain prior approval for sealants, denture re-base, etc.
- **Photographs (2D photographic images)** are [required](#) for some services. Please note sections where photos are required for authorization or claim processing: [Orthodontics](#), [Frenectomy](#), [Frenuloplasty](#), and [Frenulectomy](#), [Gingivectomy/Gingivoplasty](#), [Crown Lengthening](#), [Implant Procedures](#).
- All prior authorization requests for implant services must be accompanied by the [Evaluation of the Dental Implant Patient Form](#). See section VIII for details.
- All prior authorization requests for prostheses being replaced within the frequency limit must be accompanied by the [Justification of Need for Replacement Prosthesis Form](#). See section VI for details.
- All prior authorization requests for the provision of orthodontic treatment must be accompanied by a [Handicapping Labio-Lingual \(HLD\) Index Report](#). See section XI for details.
- **Additional Supporting Information:**
 - An **accompanying narrative supporting Medical Necessity** should include a **diagnosis**.
 - The age and current condition of existing crowns and prosthetics must be described, indicating status and prognosis. Include the reason any replacement is requested.
 - Relevant Medical History, Dental history, Record of Patient Compliance, Caries Index, Intraoral Photos, Documented Symptoms, Endodontic Testing notes, and Periodontal Status may be submitted as supporting documentation for prior authorization requests to establish Medical Necessity.

If prior authorization is requested for endodontic procedures where no periapical radiolucency is evident on images, include a narrative.

Please note:

Procedures requiring prior approval can only be considered in the context of a comprehensive, full mouth treatment plan. Full mouth x-rays and full mouth charting must accompany the full mouth treatment plan. **This requirement also applies to a dentist** (general dentist or dental specialist) **providing only a specialty service** and can be accomplished by acquiring this comprehensive information from the referring general dentist.