Dental-Oral Surgery Guidelines

1. Make sure that referral has been received by Dental provider and ensure that Prior authorization has been given for oral surgeon referral. Initial referral by dentist will have a CPT code request of D0 140 and a diagnosis code of V72.2

2. Submit prior authorization request as above. Please make sure that HCHCP client is eligible for services being requested. An administrative denial will be given for any client that does not have current eligibility dates. A CPT code must be submitted and must be on the list of covered dental services. Tooth/teeth that require the procedure must be identified and must be the same tooth/teeth as requested by Dentist. Submit request for all Dental services that are needed (refer to HCHCP Covered Dental Procedures list). If request is for more than 3 teeth, explanation of reason required to be included in clinical information.

3. If X-ray or Panoramic is being requested, the reason for the same must be submitted and one of the following conditions must be present:

Panoramic X-rays:
A. The referral from the dentist shows multiple teeth, (at least 4) in need of extraction and/or they are located in more than one quadrant of the mouth

B. Any referral from the dentist indicating wisdom teeth in need of extraction (teeth #'s 1, 16, 17, or 32).

C. Abscessed tooth

Single PA x-ray:
A. Client fails to bring their PA x-ray, taken by the referring dentist, to the oral surgeon. Oral surgeon must document on client's dental claim that no PA x-ray was provided by the client.

B. PA x-ray provided by client is inadequate. Oral surgeon must document on the client's dental claim that PA x-ray provided was inadequate i.e. did not show roots.

C. Clients that are referred directly from their PCP or specialist for medical complications associated with dental emergencies (abscesses, radiation therapy, etc).