****DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services Wis. Admin. Code § DHS 107.07(2)

F-11010 (01/2019)

**ForwarDhealth**

**PRIOR AUTHORIZATION / DENTAL ATTACHMENT 1 (PA/DA1)**

**check box FORMAT**

The requested identifying information will only be used to process the prior authorization (PA) request. Failure to supply any of the requested information may result in denial of the PA.

|  |
| --- |
| **SECTION I – MEMBER AND PROVIDER INFORMATION**  |
| Member ID Number      | National Provider Identifier (NPI) – Billing Provider      | NPI – Rendering Provider      |
| **SECTION II – DENTAL SERVICES** |
| **Category** | **Procedure Codes (Check all that apply.)** | **Treatment Plan Justification (Check all that apply.)** | **Required Documentation** |
| Diagnostic Services | [ ]  D0210 [ ]  D0330 [ ]  D0470 (PA is only required in certain circumstances.) | [ ]  Frequency limitation to be exceeded (D0210 and D0330)[ ]  Member over age 20 (D0470)[ ]  Wisconsin Department of Health Services request[ ]  Date of models (MM/DD/CCYY)       | * Explanation to exceed frequency limitation
* Document number and type of X-rays taken (for D0210 and D0330)
 |
| Preventive Services | [ ]  D1351 (21 years and older) | Tooth No.      | [ ]  Disability [ ]  Risk Factor (Describe)       | Explanation of medical necessity |
| Restorative Services  | [ ]  D2390[ ]  D2932[ ]  D2933(For members who are age 0–20, PA is **not** required.) | Tooth No.      | [ ]  Tooth numbers 6–11, 22–27, D–G, supernumerary (56–61, 72–77)[ ]  Successful endodontic treatment[ ]  More than 50 percent tooth involved in trauma / caries[ ]  Cannot be restored with composite[ ]  American Association of Periodontists (AAP) I or II[ ]  Frequency limitation to be exceeded[ ]  Member over age 20 | * One periapical X-ray
* Explanation to exceed frequency limitation
* D2933 is not allowed on teeth numbers 22–27
 |
| Endodontic Services | [ ]  D3310[ ]  D3320  | Tooth No.      | [ ]  Involves root canal therapy on four or more teeth (PA is not required for three or fewer teeth.) | All documentation listed below and a treatment plan that indicates all indicated teeth meet clinical criteria |
| [ ]  D3330(For members who are age 0–20, PA is **not** required.) | Tooth No.      | [ ]  AAP I or II[ ]  Evidence visible on radiographs that at least 50 percent of the clinical crown is intact[ ]  Restorative treatment completed[ ]  Restorative treatment in process[ ]  Extractions completed in last three years (Indicate tooth number, date, and reason for any extractions.)      [ ]  Pathology (Describe.)      [ ]  Involves root canal therapy on four or more teeth (PA is not required for three or fewer teeth.) | * Full-mouth series X-rays to include bitewing X-rays
* Intra-oral charting
* Document pathology, abcesses, carious exposure, nonvital, etc.
 |
| Periodontal Services | [ ]  D4210[ ]  D4211 | [ ]  Medication-induced hyperplasia[ ]  Irritation from orthodontic bands[ ]  Hyperplasia[ ]  More than 25 percent crown involved[ ]  Other (Describe.)       | * Periodontal charting
* Comprehensive periodontal treatment plan
* Include Area of Oral Cavity code(s) on PA/DRF: 10 (upper right), 20 (upper left), 30 (lower left), and 40 (lower right)
 |

*Continued*

## PRIOR AUTHORIZATION / DENTAL ATTACHMENT 1 (PA/DA1) 2 of 4

F-11010 (01/2019)

|  |
| --- |
| **SECTION II – DENTAL SERVICES (Continued)** |
| **Category** | **Procedure Codes (Check all that apply.)** | **Treatment Plan Justification (Check all that apply.)** | **Required Documentation** |
| Periodontal Services (Continued) | [ ]  D4341[ ]  D4342  | [ ]  Member 13 years of age and older[ ]  Early bone loss[ ]  Moderate bone loss[ ]  At least one pocket five or more millimeters deep on three or more teeth[ ]  Oral hygiene (Check one.) [ ]  Good [ ]  Fair [ ]  Poor[ ]  Full-mouth debridement completed in last 12 months Date of service for D4355 (MM/DD/CCYY).      | * Periodontal charting
* Comprehensive periodontal treatment plan
* Full mouth X-rays with current bitewing X-rays
* Clinical notes indicating member education on periodontal disease
* Documentation of full-mouth debridement and/or routine dental care
 |
| [ ]  D4355(For members who are age 13 and older, PA is **not** required.) | [ ]  Excess calculus on X-ray[ ]  AAP I or II[ ]  No dental treatment in multiple years[ ]  Oral hygiene (Check one.) [ ]  Good [ ]  Fair [ ]  Poor[ ]  Member under age 13 | * Bitewing or full mouth X-rays
* Calculus must be visible on X-rays
 |
| [ ]  D4910 | [ ]  Recent history of periodontal scale / surgery[ ]  Oral hygiene (Check one.) [ ]  Good [ ]  Fair [ ]  Poor[ ]  Years requested (Check one.) [ ]  1 [ ]  2 [ ]  3 | * Periodontal charting
* Comprehensive periodontal treatment plan
* Allowed once per 12 months
 |
| Prosthodontic Services –Complete Dentures | [ ]  D5110[ ]  D5120 | [ ]  Initial placement of dentures (year)Max       Mand      [ ]  Age of existing denture(s) (years)Max       Mand      [ ]  New denture request because of the following (Check all that apply.)[ ]  Worn base / broken teeth[ ]  Poor fit[ ]  Vertical dimension[ ]  Date(s) last teeth extracted (MM/DD/CCYY)[ ]  Reason for edentulation     [ ]  Lost / stolen / broken dentures[ ]  Reline / repair not appropriate[ ]  Has not worn existing dentures for more than three years[ ]  Edentulous more than five years without dentures[ ]  Additional justification     [ ]  Frequency limitation must be exceeded | * New dentures limited to one per five years, per arch.
* Six weeks healing period required unless special circumstances documented.
* Document reasons for not wearing dentures or for not having ever had dentures.
* Submit medical documentation to support special requests.
* Document loss and plan for prevention of future mishaps.
* Explanation to exceed frequency limitation.
 |

*Continued*

## PRIOR AUTHORIZATION / DENTAL ATTACHMENT 1 (PA/DA1) 3 of 4

F-11010 (01/2019)

|  |
| --- |
| **SECTION II – DENTAL SERVICES (Continued)** |
| **Category** | **Procedure Codes (Check all that apply.)** | **Treatment Plan Justification (Check all that apply.)** | **Required Documentation** |
| Prosthodontic Services – Partial Dentures | [ ]  D5211[ ]  D5212[ ]  D5213[ ]  D5214[ ]  D5225[ ]  D5226[ ]  D5670[ ]  D5671 | [ ]  Initial placement of dentures (year)Max       Mand      [ ]  Age of existing denture(s) (years)Max       Mand      [ ]  New denture partial request because of the following (Check all that apply.)[ ]  Worn base / broken teeth[ ]  Poor fit[ ]  Vertical dimension[ ]  Date(s) last teeth extracted      [ ]  Tooth numbers extracted      [ ]  Missing at least one anterior tooth and/or has fewer than two posterior teeth in any one quadrant in occlusion with opposing arch[ ]  Has at least six missing teeth per arch[ ]  AAP I or II[ ]  Nonrestorable teeth have been extracted[ ]  Restorative procedures scheduled[ ]  Restorative procedures completed[ ]  Unusual clinical circumstances – must be documented (e.g., needed for employment)[ ]  Lost / stolen / broken dentures[ ]  Reline / repair not appropriate[ ]  Additional justification     [ ]  Frequency limitation must be exceeded | * X-rays to show entire arch.
* Periodontal charting.
* New partials limited to one per five years, per arch.
* Six weeks healing period required unless special circumstances documented.
* Document reasons for not wearing partial dentures or reasons for not having ever had partial dentures.
* Submit medical documentation to support special requests.
* Document loss and plan for prevention of future mishaps.
* Explanation to exceed frequency limitation.
 |
| Prosthodontic Services – Denture Reline | [ ]  D5750 [ ]  D5751[ ]  D5760[ ]  D5761 | [ ]  Loose or ill-fitting[ ]  Tissue shrinkage or weight loss[ ]  Member is wearing denture[ ]  Age of the denture or partial      [ ]  Frequency limitation must be exceeded | * Relines limited to one per three years, per arch.
* Document special circumstances.
* Explanation to exceed frequency limitation.
 |
| Adjunctive General Services – Anesthesia  | [ ]  D9222[ ]  D9223[ ]  D9230[ ]  D9239[ ]  D9243 [ ]  D9248(PA is not required for the following:* Services performed in a hospital or ambulatory surgery center.
* Services for members ages 0–20 when performed by a pediatric dentist or oral surgeon.)
 | [ ]  Behavior[ ]  Disability (Describe.)     [ ]  Geriatric[ ]  Physician consult[ ]  Complicated medical history (Describe.)     [ ]  Extensive restoration[ ]  Maxillofacial surgery (Describe.)     [ ]  Three or more extractions in more than one quadrant | Submit medical documentation to support special circumstances. |
| Adjunctive General Services – Miscellaneous | [ ]  D9944[ ]  D9945[ ]  D9946 | [ ]  Has bruxism or clenching of teeth[ ]  Tolerates prosthesis | Submit documentation to support request. |

## ContinuedPRIOR AUTHORIZATION / DENTAL ATTACHMENT 1 (PA/DA1) 4 of 4

F-11010 (01/2019)

|  |
| --- |
| **SECTION II – DENTAL SERVICES (Continued)** |
| **Category** | **Procedure Codes (Check all that apply.)** | **Treatment Plan Justification (Check all that apply.)** | **Required Documentation** |
| HealthCheck Other Services | [ ]  D0999[ ]  D2999[ ]  D4999[ ]  D5999[ ]  D7999[ ]  D9999 | [ ]  Periodic oral evaluation (additional)[ ]  Single unit crown. Tooth number      [ ]  Surgical procedure[ ]  Nonsurgical procedure | * Submit medical documentation to support special requests.
* HealthCheck referral required.
 |
| **SECTION III – AUTHORIZED SIGNATURE** |
| **SIGNATURE** – Requesting Provider | Date Signed |
| **SECTION IV – ADDITIONAL INFORMATION** |
| Indicate any additional information (e.g., diagnostic and clinical information) in the space provided.       |