

Advantage Dental

From DentaQuest

Policy Name: Pre-Authorization	Policy Number: PL043- Pre-Authorization-CARE	
Type of Policy: DCO	Effective Date: 08/28/2013	
Responsible Department: Plan Operations		
Page Number (s): 3	Revised Date: 05/20/2019	
Approved By: Clinical and Credentialing Sub-Committee	Approved Date: 07/17/2019	
PURPOSE: To establish the policy for submitting and processing pre-authorizations for services.		
REFERENCES: 42.CFR 438.100; 42 CFR 438.210; OAR 410-141-3225; OAR 410-141-3240		
POLICY:		
<p>The Oregon Health Plan (OHP) only covers certain procedures to be performed on enrollees. There are rigid requirements as to what services/procedures are covered under the capitated fees. These requirements are set forth in the Dental Services Rulebook.</p>		
<p>1. <u>When to Submit a Pre-Authorization:</u> A Provider should submit a preauthorization for a requested service when: (1) it's a non-covered service or (2) the Provider or enrollee is unsure whether the requested service is covered under the enrollee's benefit plan under the Oregon Health Plan.</p>		
<p>The following services are required to be preauthorized before being performed by the Primary Care Dentist (PCD):</p>		
	ADA Codes Effected	Attachments Required
Crowns	D2390; D2710; D2712; D2751; D2752	Radiographs, Date of Initial Placement, Chart Notes with Clinical Findings, & Preventative Treatment Plan
Removal of Torus	D7472; D7473	Radiographs & Chart Notes with Clinical Findings
Partials	D5211; D5212; D5221; D5222	Radiographs, Date of Initial Placement, History of Previous Partials/Flippers, Chart Notes Showing Teeth to be Replaced and Clasped, & Preventative Treatment Plan
Root Canals	D3330	Recent Radiographs (PA not older than 60 days), Chart Notes with Clinical Findings, Plan for Restoration, & Preventative Treatment Plan

Rebases	D5710; D5711; D5720; D5721;	Date of Denture Placement & Date of last Rebase
Hospital Dentistry (must be preauthorized by the provider who is doing the hospital dentistry)	D9410; D9420	Full Treatment Plan, Preventative Treatment Plan, Chart Notes Showing in Office Sedation Attempts, Hospital Referral Form, & Radiographs (if available)
General Anesthesia/ IV Conscious Sedation	D9223; D9243	Full Treatment Plan, Preventative Treatment Plan, Chart Notes with Clinical Findings, & Radiographs (if available)
Additional Services Beyond Allowed Frequencies		Radiographs and Chart Notes with Clinical Findings
All Non-Covered Services Requested by the enrollee		Radiographs, Date of Initial Placement, Chart Notes with Clinical Findings, & Preventative Treatment Plan

2. How to Submit a Pre-Authorization:

- A. All providers will submit pre-authorizations using the ADIN system. The ADIN system tracks the date the pre-authorization was submitted by the provider. Providers must include all requested information on the ADIN pre-authorization form including a description of the procedures being pre-authorized, procedure codes, chart notes, radiographs, etc. For detailed instructions on how to submit pre-authorizations refer to the ADIN pre-authorization, referral, case review manuals.

Providers will submit pre-authorizations with one of the following Levels of Urgency

- 1) Normal
 - 2) Low
 - 3) High (expedited requests)
- B. Review of Preauthorization: The completed preauthorization will be evaluated through the Dental Care Organization's (DCO's) preauthorization system which includes a review of the preauthorization request by the DCO's Utilization Management staff. The Vice President of Dental Services or their designee(s), who are licensed dentists and Utilization Management staff process the preauthorization based on the rules and guidelines per the Dental Services Rulebook and

general rules for OHP covered services to ensure consistent application of the review criteria. The DCO will respond to and issue a decision within the timelines defined below based on the level of urgency:

- 1) Normal and Low level preauthorizations will be responded to and a decision made within 14 calendar days
- 2) High level (expedited requests) preauthorizations will be responded to and a decision made within 72 hours.

3. What happens if a Pre-Authorization is Approved or Denied?

- A. If the preauthorization is approved, the DCO shall notify the provider and the enrollee. The provider will be notified electronically and the enrollee will be notified in writing within 14 calendar days.
- B. If the preauthorization is denied, the DCO shall notify the provider electronically and send the enrollee a Notice of Adverse Benefit Determination (NOABD) stating that the requested service is denied and include a notice of the enrollee’s appeal rights.
 - 1) NOABD: Upon the denial of a pre-authorization of a requested service or the reduction, suspension or termination of a previously authorized service, the DCO will mail to the enrollee a NOABD.

4. The Reduction, Suspension or Termination of a Previously Authorized Service:

- A. If a previously authorized service is reduced in the type or level of service from that previously authorized, suspended or terminated, the provider shall notify the DCO and the DCO shall send a NOABD to the enrollee as provided in the Notice of Adverse Benefit Determination Policy and Procedure.

5. No Incentive to Deny, Limit, or Discontinue

- A. Individuals or entities that conduct utilization management activities are not compensated in a manner so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.

Reviewed and Revised By:

08/28/2013					
08/28/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio	
03/02/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover	Laura Donadio
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover	
07/11/2016	Jeanne Dysert	Missy Mitchell			
11/10/2016	Jeanne Dysert	Missy Mitchell			
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell		
07/12/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell		
07/27/2017	QI/UR Committee				
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak	
05/09/2018	Gary Allen, DMD	Missy Mitchell			
05/20/2019	Missy Mitchell	Phebe Ditzler	Rosa Pedraza		