

DENTAL SERVICES REQUIRING PRIOR AUTHORIZATION

- Orthodontia services
 - Root canals – if 3 or more root canal procedures are scheduled within 6 months
 - All dentures
 - All partial dentures
 - Porcelain crown fused to noble metal (authorized for permanent anterior teeth only)
 - Cast post and core in addition to crown (authorized for permanent anterior teeth without sufficient tooth structure to support a crown only)
 - Extractions – if more than 4 extractions occur within 6 months
 - Frenulectomy
 - Frenulotomy
 - Excision hyperplastic tissue
 - Gingivectomy
 - Plasty
 - Impacted tooth removal – completely bony with complications
 - Surgical removal of a residual tooth root
 - Surgical removal of unerupted teeth
 - Surgical removal of supernumerary tooth
 - Removal of exostosis
 - Unspecified TMJ therapy
 - Unspecified TMJ films
 - Removable appliances
 - Fixed appliances therapy
 - All unspecified/miscellaneous dental codes
- Any health care provider who is not participating with CareSource must obtain prior authorization for all non-emergency services rendered to a CareSource member.
- CareSource does not require prior authorization for unlisted procedure CPT codes; however, we require a clinical record be submitted with your claim to review the validity of the unlisted procedure CPT code. Claims submitted without clinical records for unlisted procedure CPT codes will be denied. Denials will be reconsidered through the appeal process with pertinent clinical records.

Note: Authorizations are not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits (and other factors). Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.