Ohio Department of Job and Family Services

PRIOR AUTHORIZATION FOR DENTAL SERVICES

State Use Only Prior Authorization Control Number					

Type or Print Legibly.

Check appropriate box for appropriate service
☐ Dentures ☐ Partials ☐ Orthodontics ☐ Endodontics / Crowns
☐ Oral Surgery ☐ TMJ ☐ Other

ENCLOSURES ☐ Study Models ☐ X-rays ☐ Evaluation ☐ LTCF Plan of Care

Provider Number *(7 digit number)*	NPI	Billing Number	Date of Birth
Provider Name		Last Name	First Name
Current Street Address		Street Address/Facility Name and Address	
City, Street, and Zip Code		City, Street, and Zip Code	Medicare/BCMH No.
Provider Telephone No. *(include area code)*	Date Form Completed	Patient Resides: ☐ Personal Residence ☐ Long Term Care Facility ☐ Other. Specify:	

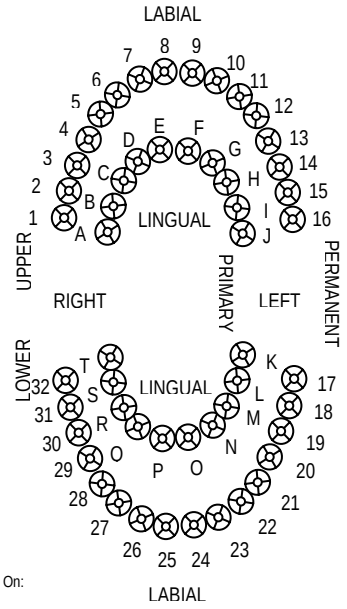
PROSTHODONTICS **TO THE BACK OF THIS FORM, ATTACH ENCLOSURES**

Initial Placement	Prior Placement	Date of Prior Placement	Date of Extractions	Dentist who Extracted Teeth	Prosthodontics Placement
☐ Yes ☐ No	☐ FU ☐ PU ☐ FL ☐ PL				☐ FU ☐ PU ☐ FL ☐ PL

REQUESTED SERVICES NPI

	Quantity	Item or Procedure Code	Tooth Number	Usual and Customary Charge	Dates of Previous Service(s)
1					
2					
3					
4					Dates of Service(s)
5					
6					

Dentist's Findings | Detailed Plan of Treatment



STATE USE ONLY – DO NOT COMPLETE BELOW

	Quantity	Item or Procedure Code	Tooth Number	Allowed Amount	APPROVED	DENIED	Decision Based On:
1					☐	☐	
2					☐	☐	
3					☐	☐	
4					☐	☐	
5					☐	☐	
6					☐	☐	

Reviewer
Date

Line No. **Decision – Narrative**

Distribution: Submit first copy to: Ohio Department of Job and Family Services, Prior Authorization Unit, P.O. Box 1002, Columbus, Ohio 43216-0002. Do **not send invoices with prior authorization requests.** Approved Prior Authorization is contingent upon eligibility of provider and consumer at the time of service and the department's claim filing limitation. Completion of this form is required by Rules 5101:3-5 of the Ohio Administrative Code in order for provider to be eligible for reimbursement for Medicaid services requiring prior authorization.

JFS 03612 (Rev. 3/2008)