

Dental anesthesia or repair of trauma to natural teeth

We provide coverage for this procedure for adult or pediatric members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *00170, *41899

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See below for the questions you'll encounter in the e-referral system.

Q Is this a request for DENTAL ANESTHESIA for a patient with at least ONE of following? A. At least six teeth are being extracted. B. Other procedures are being performed in two or more quadrants of the mouth on the same date of service. MUST select N/A if the request is for DENTAL SERVICES covered under the patient's medical benefit only (such as repair of trauma to natural teeth).

A

Possible answers: Yes No N/A

Q Is this a request for DENTAL ANESTHESIA for a patient who has at least ONE of following conditions (A-C)? A. A concurrent hazardous medical or behavioral health condition, such as labile hypertension, significant cardiac arrhythmias (more than five premature ventricular contractions per minute on EKG), severe cerebral palsy or spasticity, morbid obesity, severe autism, movement disorders, chronic respiratory disease, UNCONTROLLED diabetes or hemophilia (MUST provide details in provider communication section). B. Cellulitis AND trismus (a sustained spasm of the jaw muscles) that does not allow the use of local anesthesia. C. Extensive orofacial or dental trauma for which treatment under local anesthesia would be ineffective or compromised. MUST select N/A if the request is for DENTAL SERVICES covered under the patient's medical benefit only (such as repair of trauma to natural teeth).

A

Possible answers: Yes No N/A



**Blue Care
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Preview questionnaire

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For BCN HMOSM (commercial) and BCN AdvantageSM members

Effective Jan. 1, 2020

Q Is this a request for DENTAL ANESTHESIA because the patient suffers from situational anxiety or a STABLE chronic medical condition? Note: If NEITHER of these conditions exist, you MUST select No. MUST select N/A if the request is for DENTAL SERVICES covered under the patient's medical benefit only (such as repair of trauma to natural teeth).

A

Possible answers: Yes No N/A

Q Is this a request for DENTAL ANESTHESIA because the patient needs prophylactic teeth extraction prior to ONE of the following (A-D)? A. Radiation therapy for cancer of the head and neck. B. Organ transplant surgery. C. Impending cardiac surgery, such as artificial cardiac valve replacement. D. Beginning intravenous bisphosphonate therapy (treatment used to slow down or stop the process of bone loss) for treatment of solid organ cancer, metastatic disease, hypercalcemia of malignancy or multiple myeloma (removal of bony prominences may also be included). MUST provide details in provider communication section. MUST select N/A if the request is for DENTAL SERVICES covered under the patient's medical benefit only (such as repair of trauma to natural teeth).

A

Possible answers: Yes No N/A

Q Are DENTAL SERVICES being requested for coverage under the patient's medical benefit due to a traumatic injury sustained from an external force (for example, fall, car accident, sports injury etc.) to repair the patient's NATURAL teeth within the FIRST 72 HOURS the of the injury? MUST select N/A if the request is for DENTAL ANESTHESIA.

A

Possible answers: Yes No N/A

Q Are DENTAL SERVICES being requested for coverage under the patient's medical benefit for an injury to ANY ONE of the following other than the patient's NATURAL teeth? A. Removable bridges. B. Dentures. C. Veneers. D. Bondings. E. Laminates. F. Any other appliance or prosthesis placed in the mouth or on or about the teeth. G. Cast metal, porcelain or resin crowns. H. Inlay restorations. MUST select N/A if the request is for DENTAL ANESTHESIA.

A

Possible answers: Yes No N/A



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Preview questionnaire

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Effective Jan. 1, 2020

Q Are DENTAL SERVICES being requested for coverage under the patient's medical benefit because the patient requires teeth extraction prior to radiation therapy for cancer of the head and neck? MUST select N/A if the request is for DENTAL ANESTHESIA.



Possible answers: Yes No N/A