

INDIANA PRIOR REVIEW AND AUTHORIZATION DENTAL REQUEST

Requesting Provider # _____ Phone: _____ RID NO: _____ DOB: _____
 Mail to Provider ID: _____ Service Location: _____
 Name: _____ Name: _____
 Address: _____ Address: _____
 City/State/ZIP Code: _____ City/State/ZIP Code: _____

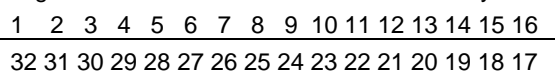
DATES OF SERVICE		SERVICE CODE REQUIRED	REQUESTED SERVICE	PLACE OF SERVICE	UNITS	DOLLARS
START MMDDCCYY	STOP MMDDCCYY					

Caseworker: _____ Phone: _____ MCO () 590 () FFS () MS () CS ()

Is Member Employed? YES NO Circumstances (Place/Type):: _____
 Is Member in Job Training? YES NO Type of Job Training: _____

Dental Treatment Plan

1. Endodontics – Indicate on diagram below the tooth/teeth to be treated by root canal therapy.



2. Periodontics – Evaluate the periodontal condition

3. Partial dentures (use chart to right to indicate teeth involved)

A. Date or dates of extractions of missing teeth.

B. Which teeth (use tooth number) are to be extracted?

C. Which teeth (use tooth number) are to be replaced?

D. Brief description of materials and design of partial.

E. Is member wearing partials now? YES NO Age of present partials _____

4. Dentures (check one or both): Full upper denture _____ Full lower denture _____

A. How long edentulous _____

B. Is member wearing dentures now? YES NO Age of present dentures _____

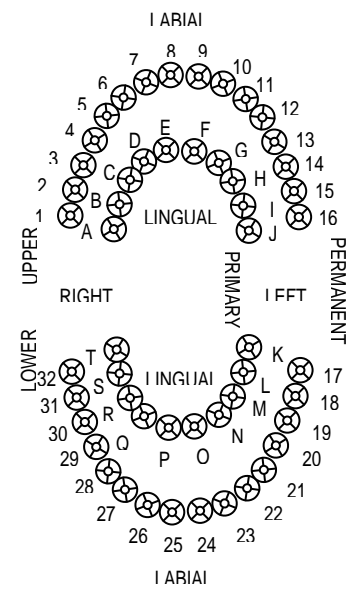
5. Describe treatment if different from above: _____

6. Is the member on parenteral/enteral nutritional supplements? YES NO

If YES, a plan of care to wean the member from the nutritional supplements must be attached. If the plan of care is not provided, dentures, partials, relines, and repairs will be denied.

Brief Dental/Medical History: _____

Does the Member have missing teeth? YES NO
If YES please indicate missing teeth with an X.



Signature of Requesting Dentist _____ Date of Submission: _____

(original signature required) The above sections must be completed or the request will be rejected.

Mail to: <http://www.indianamedicaid.com/ihcp/ProviderServices/PAAttachmentAddresses.aspx>