

OHCA Guideline

Dental Procedure Class:	Adjunctive General Services
Initial Implementation Date:	12/21/2021
Last Review Date:	11/1/2023
Effective Date:	12/21/2021
Next Review/Revision Date:	December 2024
Reviewed By	
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Descriptions	
Adjunctive General Services: <i>Prior authorized (PA) services include occlusal guards.</i>	
Document Requirements	
Occlusal Guards:	
<ul style="list-style-type: none"> Narrative of medical necessity. 	
CPT Codes Covered Requiring Prior Authorization (PA) and Frequency	
D9944, D9945, D9946: Limitations apply based on prior authorization review of medical necessity.	
Approval Criteria	
Medical necessity must be communicated through form of a professional letter or records from the patient chart, with problem stated, diagnosis, and other details such as sign/symptom, length of time, any tests performed, or measurements taken.	
References	
<ol style="list-style-type: none"> Oklahoma Health Care Authority Policy and Rules Policy and Rules SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES PART 79. DENTISTS 317:30-5-698. Services requiring prior authorization. 	