PEHP Health & Benefits

PRIOR AUTHORIZATION for ANESTHESIA SERVICES for DENTAL PROCEDURES under MEDICAL

For authorization, please complete this form, include patient chart notes to document information and FAX to the PEHP Prior Authorization Department at (801) 366-7449 or mail to: 560 East 200 South Salt Lake City, UT 84102. If you have prior authorization or benefit questions, please call PEHP Customer Service at (801) 366-7555 or toll free at (800) 753-7490.

Section I: PATIENT INFORMATION

Name (Last, First MI):	DOB:	Age:	PEHP ID #:

Section II: PROVIDER INFORMATION

Date Requested:		Service Provider Name:
Service Provider NPI #:	Service Provider Tax ID #:	Service Provider Address:

Contact Person:	Phone: ( )	Facsimile: ( )

Section III: PRE-AUTHORIZATION REQUEST

Nature of Request: *Please check.* ☐ Auth Extension ☐ Pre-Auth ☐ Retro Auth ☐ Urgent	**Requested Date of Service:**	**Place of Service:** *Please check.* ☐ Ambulatory Surgical Center ☐ Inpatient ☐ Office ☐ Outpatient

Facility Name:	**Facility NPI #:**	**Facility Tax ID #:**
Facility Address:	**Facility Phone:** ( )	**Facility Facsimile:** ( )
Primary Medical / Treatment Diagnosis (ICD-10 Code):	**Secondary Medical / Treatment Diagnosis (ICD-10 Code):**	

Type of Anesthesia Requested: *Please check.*
☐ General ☐ Intravenous Sedation (" Conscious") ☐ Local ☐ Monitored Anesthesia Care/"MAC" ☐ Nitrous Oxide

Requested Anesthesia CPT/HCPCS Code:

Additional Service (s) Requested: *Please list all requested services/CPT or HCPCS codes regardless of pre-authorization requirement.*

Procedure/Service: _____ CPT/HCPCS code: _____

Procedure/Service: _____ CPT/HCPCS code: _____

Procedure/Service: _____ CPT/HCPCS code: _____

	QUESTION	YES	NO	COMMENTS/NOTES
1.	Is the patient 6 years old or younger and has a dental condition (e.g., baby bottle syndrome) that requires repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combination of these noted or other dental procedures)?	☐	☐	
2.	Do the patient exhibit physical, intellectual, or medically compromising conditions, for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result & which, under anesthesia, can be expected to produce a superior result?	☐	☐	
3.	Does the patient have any of the following conditions? *Please check all that apply.* ☐ Cardiac problems ☐ Cerebral Palsy ☐ Epilepsy ☐ Hyperactivity ☐ Mental Retardation	☐	☐	
4.	Does the patient exhibit any of the following behavior extreme in nature with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity? *Please check all that apply.* ☐ Anxious ☐ Fearful ☐ Uncommunicative ☐ Unmanageable ☐ Uncooperative	☐	☐	
5.	Is local anesthesia expected to be ineffective due to, for example, acute infection, anatomic variations, or allergy?	☐	☐	
6.	Has the patient sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised?	☐	☐	
7.	Does the patient have bony impacted wisdom teeth?	☐	☐	
8.	Does the patient require an extensive dental procedure and is classified by the American Society of Anesthesiologists (ASA) as class 3 or class 4?	☐	☐	
9.	Does the patient require an extensive dental procedure and classified with a Mallampati score of 3 (soft palate, base of uvula visible) or 4 (soft palate not visible at all)?	☐	☐	

Additional Comments:

Please fax completed form and medical records to 801-366-7449.