Dental–Hospital or Surgical Day Care
Prior Authorization Request Form

Point32Health
Harvard Pilgrim Health Care | TUFTS Health Plan

Harvard Pilgrim Health Care Commercial

Submit the **completed** form and required documentation for review. We encourage you to complete and submit your request using our secure portals. For details on this and other options, please refer to our How to request prior authorization webpage.

Member name: Date of birth: / / Age:

Member ID#

Requesting physician:

ID# NPI#

Contact name:

Fax: Phone:

Facility: Facility ID# Surgical day care Inpatient

Scheduled date of surgery (*if known*): / /

Diagnosis(s): CPT code(s):

Procedure(s): CPT code(s):

Procedure(s): CPT code(s):

Hospital or Surgical Day Care for:	Clinical Documentation Required:
Dental rehabilitation for children	*Please submit* **ALL** *of the following:* • Documentation of rampant decay • Report of an unsuccessful attempt to treat in office setting
Members with functional or behavioral impairment due to medical/behavioral conditions	*In addition to documentation of the function or behavioral impairment, please submit* **ONE** *of the following:* • Documentation of dental needs of high complexity • Report of unsuccessful attempt(s) to treat in the office including an evaluation by provider who is certified in office-based sedation and analgesia • Report that the significant functional or behavioral impairment inhibits the safe delivery of care in an office setting considering the dental needs
Members with extreme apprehension or anxiety manifesting as uncooperative behavior during treatment	*Please submit* **ALL** *of the following:* • Documentation of dental needs of high complexity • Report of unsuccessful attempt(s) to treat in the office including an evaluation by provider who is certified in office-based sedation and analgesia • Explanation delineating why the member cannot be treated safely in an office setting:
Dental/oral surgery procedures for members with a co-existing medical condition(s) that might inhibit the safe delivery of care in an office setting	*Please submit* **ALL** *of the following:* • Documentation of dental needs and the medical condition(s) with required test results • Rationale from the PCP or consultant attesting to why the procedure cannot be safely and effectively performed in the office setting:
Impacted tooth	*Please submit* **ALL** *of the following:* • Relevant clinical information including x-rays • Explanation outlining why the planned procedure cannot be safely and effectively performed in an office setting:
Dental/oral surgery complexity	*Please submit* **ALL** *of the following:* • Relevant clinical information including x-rays • Explanation outlining why the planned procedure cannot be safely and effectively performed in an office setting:

To be completed by Harvard Pilgrim

Harvard Pilgrim Transaction Number: From: To:

CLEAR FORM