



## Facility Fee; Pediatric Dental Under Medical (Outpatient)

Prior authorization requests accepted from providers only.

Member/patient name: \_\_\_\_\_

Documentation of the following. Please check all that apply and provide specific supporting documentation:

- Child's age \_\_\_\_\_
- Severe behavioral issues which prevent the child from cooperating with the procedure
- Dental office treatment has been attempted utilizing behavioral interventions and/or pharmacological sedation
- The number of teeth (\_\_\_\_\_), which require extensive and invasive/painful procedures such as extraction, root or pulp procedures, or deep drilling
- Multiple procedures are required at one session due to severity of disease, infection or near-term jeopardy to dental integrity (not for convenience of dentist or family).

### OR

- Provide documentation of a medical or physical condition that requires monitoring during dental procedures, such as, but not limited to:
  - o Coronary disease, Asthma or chronic obstructive pulmonary disease (COPD), Heart Failure, Serious blood or bleeding disorder, unstable diabetes or hypertension, Developmental Disability/Autism

**Please provide narratives, summaries, the dentist's note, and any supporting notes from another treating provider.**

This is not an inclusive list. Additional information may be requested.

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### What do I do now?

Please fax this page and your completed Preauthorization Request Form to Health Services:  
Fax: (541) 225-3625 Questions? Please call us toll-free at (888) 691-8209 or (541) 684-5584.

### Where do I find the Preauthorization Request Form?

You'll find the Preauthorization Request Form at: [PacificSource.com/provider/preauthorization.aspx](https://www.pacificsource.com/provider/preauthorization.aspx)