



Checklist

Facility Fee; Pediatric Dental Under Medical (Outpatient)

Prior authorization requests accepted from providers only.

Member/Patient Name _____

Checklist

Child's age _____

Please check all that apply and provider specific supporting documentation:

- 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 procedure, 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:
 - Coronary disease, Asthma or chronic obstructive pulmonary disease (COPD), Heart Failure, serious blood or bleeding disorder, unstable diabetes or hypertension, Developmental Disability/Autism

Continued on next page >

Next Steps

1. Please provide history and physical including onset of symptoms, imaging and treatment received, and response to treatment.
2. Complete this form and submit request online through InTouch at PacificSource.com/aboutproviderintouch. You'll find the Preauthorization Request Form at: PacificSource.com/provider/preauthorization.aspx.

Questions? Please call us toll-free at (888) 691-8209 or (541) 684-5584.

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