

Requirements to Facilitate the Determination of Services Requiring Pre-Authorization

Pre-treatment Radiographs

- **All radiographs** should be labeled with the **patient's name** and **date** and must be of diagnostic quality.
- **Periapical films** and all x-rays for crown/bridge must show the apex of the tooth/teeth.
- **Bitewing X-rays** are not acceptable for crown & bridge and removable prostheses.
- **All submitted radiographs** must be the correct type for the submitted procedure.

Example of a Radiograph with all requirements



Patient Name

JUAN DEL PUEBLO



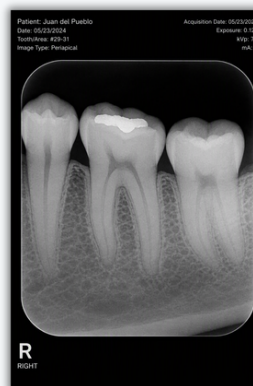
Date of Service

01 / 19 / 2026



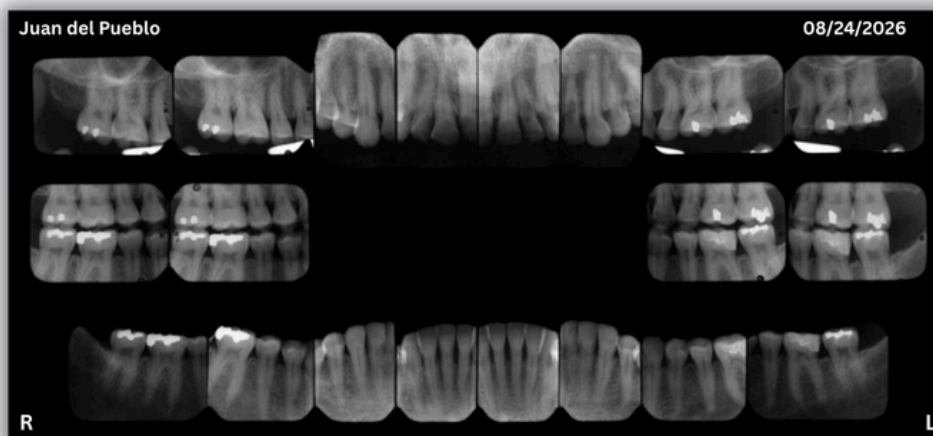
Anatomical Side Marker

(R or L)



Pre-treatment Radiographs

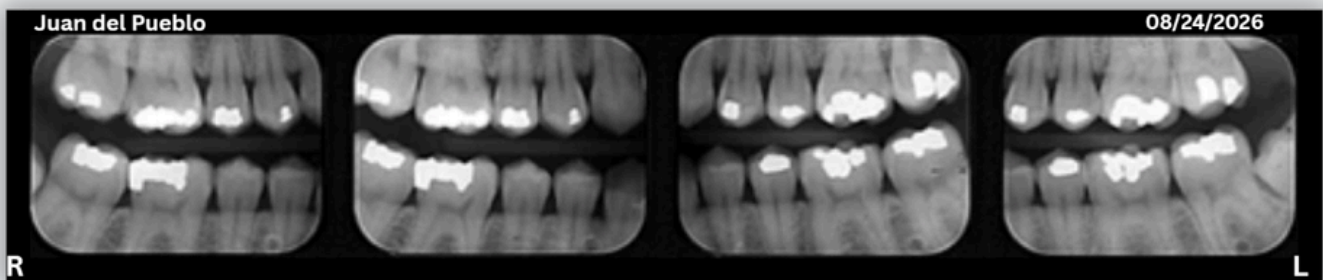
- Fullmouth Serie of Radiographs



Requirements to Facilitate the Determination of Services Requiring Pre-Authorization

Pre-treatment Radiographs

- Bitewing Radiographs



Pre-treatment Radiographs

- Panoramic Radiograph



Requirements to Facilitate the Determination of Services Requiring Pre-Authorization



Narratives

- All narratives must include the patient's signs and symptoms that support the proposed treatment.
- Include a narrative when necessary to support the procedure or service, even if it is not required specifically by the guidelines.



Procedure

- **CROWNS**

Narrative is required to indicate the necessity of a crown. They are particularly helpful in those cases of cracked tooth syndrome and other unusual clinical situations.

- **IMPLANTS**

Narrative stating why this procedure is necessary (Medical Necessity*).



Proposed Treatment Plan

- In the evaluation of a requested procedure, the whole treatment cannot be assumed. It must be specified in writing including the dental procedures before the requested service.

Example of Treatment Narrative

RECORD OF SERVICES PROVIDED																													
	24. Procedure Date (MMDDCCYY)	25. Area of Oral Cavity	26. Tooth/ Station	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description												31. Fee										
1						D5225	maxillary partial denture - Flexible base												\$65000										
2						D5226	mandibular partial denture - Flexible base												\$65000										
3																													
4																													
5																													
6																													
7																													
8																													
9																													
10																													
MISSING TEETH INFORMATION		Permanent														Primary								31. Other Fee(s)					
34. (Place an "X" on each missing tooth)		1	2	3	X	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J	33. Total Fee	
		32	X	30	29	28	27	26	25	24	23	22	21	X	19	18	17	T	S	R	Q	P	O	N	M	L	K		
35. Remarks																													
diente #3 #5 #14 #19, #30 seran extraidos, diente #8 tiene tratamiento de endodoncia completado con fecha Junio 8, 2026																													

*Definition of Medical Necessity

Every dental procedure included in a pre-authorization must have a clinical reason for being performed, this is defined as "medical necessity" according to the standards of care established by federal programs. In this way, the need for the dental treatment and services requested from the medical plan can be justified, when it cannot be established solely with the radiographic evidence submitted by the dental provider.