

Questionnaire: Oral Surgery/ Impacted Teeth Medical Necessity

DHS Oral and Maxillofacial Surgery Criteria

Instructions: Requests for authorization must include documentation of evidence of pathology and documentation of one or more of the following criteria:

1. *Has documentation regarding the presence of severe pain or swelling been uploaded to this case?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 1

Instructions: NOTE: symptoms for each tooth must be charted in the clinical notes

- 1.1.1. *Please indicate teeth involved*

(Please select between 1 and 5 items.)

- #1
- #16
- #17
- #32
- Other

If you answered "#1" on question 1.1.1

- 1.1.1.2.1. *For tooth #1 - Please indicate pain level (10 being the highest)*

(Please select one.)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

1.1.1.2.2. *Is there swelling for tooth #1?*

(Please select one.)

- Yes
- No

If you answered "#16" on question 1.1.1

1.1.1.3.1. *For tooth #16 - Please indicate pain level (10 being the highest)*

(Please select one.)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

1.1.1.3.2. *Is there swelling for tooth #16?*

(Please select one.)

- Yes
- No

If you answered "#17" on question 1.1.1

1.1.1.4.1. *For tooth #17 - Please indicate pain level (10 being the highest)*

(Please select one.)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

- 9
- 10

1.1.1.4.2. *Is there swelling for tooth #17?*
(Please select one.)

- Yes
- No

If you answered "#32" on question 1.1.1

1.1.1.5.1. *For tooth #32 - Please indicate pain level (10 being the highest)*

(Please select one.)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

1.1.1.5.2. *Is there swelling for tooth #32?*
(Please select one.)

- Yes
- No

If you answered "Other" on question 1.1.1

Instructions: NOTE: symptoms for each tooth must be charted in the clinical notes

1.1.1.6.1. *Please enter tooth/teeth number(s):*

Instructions: NOTE: symptoms for each tooth must be charted in the clinical notes

1.1.1.6.2. *For tooth "Other" - Please indicate pain level (10 being the highest)*
(Please select one.)

- 1
- 2

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Instructions: NOTE: symptoms for each tooth must be charted in the clinical notes

1.1.1.6.3. *Is there swelling for tooth "Other"?*

(Please select one.)

- Yes
- No

2. *Has documentation regarding recurrent episodes of pericoronitis been uploaded to this case?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 2

Instructions: NOTE: previous episodes must be cited (approximate date and treatment to resolve must be included in the documentation)

2.1.1. *Previous episode date*

Instructions: NOTE: previous episodes must be cited (approximate date and treatment to resolve must be included in the documentation)

2.1.2. *Treatment to resolve:*

3. *Has documentation regarding an episodes of cellulitis been uploaded to this case?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 3

Instructions: NOTE: location must be documented

3.1.1. *Location/ teeth involved:*

4. *Has documentation regarding an episode of abscess formation or untreatable pulpal or periapical pathology been uploaded to this case?*

(Please select one.)

- Yes
 No

If you answered "Yes" on question 4

Instructions: NOTE: current radiograph must be submitted showing PAP

4.1.1. *Location/ teeth involved:*

5. *Has documentation regarding active current periodontal disease due to the position of the third molar and its association with the second molar been uploaded to this case?*

(Please select one.)

- Yes
 No

If you answered "Yes" on question 5

5.1.1. *Periodontal charting is required if periodontal disease or bony defect is the rationale for extraction. You must submit 6 point periodontal charting however, you are only required to submit charting of the teeth involved. See example below: Periodontal Probing Depths (MB-B-DB) (ML-L-DL): #2 - (747) (747) #15- (747) (747) #18- (747) (747) #31- (747) (747) This has been attached?*

(Please select one.)

- Yes
 No

6. *Has documentation regarding external resorption of the third molar or of the second molar where this would reasonably appear to be caused by the third molar been uploaded to this case?*

(Please select one.)

- Yes
 No

If you answered "Yes" on question 6

Instructions: NOTE: must be visible on radiograph

6.1.1. *Location/ teeth involved:*

7. *Has documentation regarding a non-restorable carious lesion on a partially erupted third molar or a carious lesion on the distal of the second molar due to the position of the third molar been uploaded to this case?*

(Please select one.)

- Yes
 No

If you answered "Yes" on question 7

Instructions: NOTE: please provide tooth surfaces where decay is present

7.1.1. *Tooth number and surfaces involved:*

8. *Has documentation regarding a pathological condition such as a dentigerous cyst or other related pathology been uploaded to this case?*

(Please select one.)

- Yes
 No

If you answered "Yes" on question 8

Instructions: NOTE: must be visible on radiograph

8.1.1. *Specify condition and location:*

Attestation

Instructions: THIS QUESTIONNAIRE DOES NOT REPLACE CLINICAL DOCUMENTATION. THE FOLLOWING MUST BE SUBMITTED AND COMPLETED BY ORDERING DENTIST/CLINICAL STAFF WITH CREDENTIALS INCLUDED.

1. *Please signify the following dental history and case information has been attached to support answers given in the questionnaire: NOTE: Please be advised that the clinical rationale/medical necessity information must be captured within the physical record (written*

documentation) and not solely entered as a case note.

(Please select between 2 and 2 items.)

- Objective clinical documentation/SOAP notes of significant infections and symptoms for each tooth to be extracted. Must be signed by clinician.
- Copies of current radiographs are of diagnostic value, containing patient identifiers and date of exposure. Do not submit original X-rays; they could be lost and compromise the member's care. Faxed radiographs are not accepted.

2. *By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that I have verified the profile change against an acceptable form of identification and that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. 325L.07) *** You MUST attach documentation to support the answers given in the questionnaire ****

(Please select one.)

- I agree

3. *Electronic Signature*
