

<b>Cascade Health Alliance</b>	<b>Cascade Health Alliance DENTAL PRIOR AUTHORIZATION GRID</b> Before services are provided PLEASE CHECK MMIS for: <b>Member Eligibility &amp; Benefit Coverage.</b> Questions please call Provider Services at (541) 883-2947	<b>All services, procedures must be allowable under Oregon Administrative Rules and the prioritized List for OHP. Authorization is not a guarantee benefits or payment.</b>
Type of Service	Comments	Authorization Required
Denture	complete dentures	X
Denture	Immediate Dentures	X
Denture	Partial Dentures	X
Denture	Denture Retainer	X
Denture	Fixed partial denture repairs	X
Oral Surgeons	<b>FOR ALL DENTAL SERVICES</b> * For Medical all local/in network providers allowed initial evaluation and two (2) follow up visits and in house diagnosis without authorization. Anything additional requires auth .	X
Orthodontics	All services	X
Endodontist	All services	X
Hospital Dentistry	All services performed in hospital setting for out of area	X
Oral Surgery	Performed in an Ambulatory Surgical center or Hospital setting or Not on the capitated service agreement	X
Out of area referrals	All services	X