



Pre-Authorization Cover Sheet

<p>Mail Prior Authorizations to:</p> <p>Capitol Dental Care 3000 Market St NE Suite 228 Salem OR 97301</p>	<p>Do not send PreAuths to the Claims Address: Capitol Dental Care PO Box 5308 Salem OR 97304 Sending Prior Authorizations to this address will only delay the process up to 7-21 days</p>
<p>If documentation is not complete, the prior authorization will be sent back to your office for resubmission with the correct "documentation needed" stated. If you have any questions: Alejandra 800.525.680 x 309</p>	
<p>Crowns: D2710, D2751, D2752 Please send:ADA Form: _____ X Ray: _____ Chart Notes: _____ Crowns must be pre-authorized and will only be considered for PLUS pts 21 years and under or pregnant. Stainless Steel Crowns for plus pts 21 years and under or pregnant do not require a preauthorization. (D2930-D2933) OHP coverage of a crown for a posterior tooth is limited to stainless steel only</p>	<p>Full/Immediate Denture: D5110-D5140 Please send:ADA Form: _____ X Ray: _____ Partial Denture: D5211 &amp; D5212 Interim Partial Denture: D5820 &amp; D5821 Please send:ADA Form: _____ X Ray: _____ Perio Chart: _____ Indicate what teeth to be replaced _____ Perio Chart must be 6 mos old or newer</p>
<p>Molar Root Canal: D3330 and D3320 Please send:ADA Form: _____ X Ray: _____ Chart Notes: _____ D3330: only considered for patients 21 years and under or pregnant</p>	<p>Extractions: D7220, D7230, D7241 Please send:ADA Form: _____ X Ray: _____ Chart Notes: _____ Tooth Number: _____ Please indicate diagnosis and symptom of each tooth. Coverage limited to symptoms of severe pain, swelling and/or infection. Non-restorable due to severe decay.</p>
<p>Perio Maint: D4910 Only allowed if scaling and root planning have be done within the last 2 years. Following SRP TX, D4910 can be done 6 mos. after the last SRP TX. D4910 can be done at a 6 mo frequency with a preauth with the following information provided: ADA Form: _____ Perio Chart: _____ Reason: _____</p>	<p>Wisdom Teeth: D7140 &amp; D 7210: NO longer need to be PA'd, however the pt does need to be experiencing one or more of the following symptoms: swelling, infection, severe pain, or gross decay. Please submit PA if 3 or more teeth need to be extracted.</p>

