



An Independent Licensee of the Blue Cross and Blue Shield Association

## Request for Prior Authorization

[Members ages 0 through 18 only]

### Dear HMSA Dental or Medical Member:

This document lists services that may need prior authorization or pre-certification before treatment. Below are instructions for your dental or medical provider for the prior authorization or pre-certification request. Please share this document with your dental and medical provider to be included in your permanent dental or medical record.

#### **INSTRUCTIONS FOR DENTAL PROVIDERS:**

For dental services that need prior authorization, please follow the pre-treatment authorization process. For more information refer to the *HMSA 2015 HCR CDT Guides* available on [hmsa.com\dental](http://hmsa.com\dental).

If you have any questions, please call HMSA Dental Services at 948-6440 on Oahu or 1 (800) 792-4672 toll – free, or visit our website at [www.hmsa.com\dental](http://www.hmsa.com\dental).

#### **INSTRUCTIONS FOR DENTAL AND MEDICAL PROVIDERS:**

If any of the planned services are listed as needing prior authorization or pre-certification from the members' medical plan, please submit to the member's medical carrier on a medical form using the provided CPT codes. Please address any follow-up questions to the member's medical plan.



**CDT & CPT Codes Requiring Prior Authorization**  
**Members ages 0 through 18 only**  
**Participating & Non Participating Providers**  
*Effective January 1, 2015*

**Applies only to coverage codes 202, 204, 206, 211, 214, and 218**

SUBMIT TO HMSA DENTAL PLAN		SUBMIT TO HMSA MEDICAL PLAN		
CDT Code	Description	CDT Code	CPT Code	Description
D3346*	retreatment of previous root canal therapy - anterior	D5925**	21208	facial augmentation implant prosthesis
D3347*	retreatment of previous root canal therapy - bicuspid	D5926	21087	nasal prosthesis, replacement
D3348*	retreatment of previous root canal therapy - molar	D5927	21086	auricular prosthesis, replacement
D7280*	surgical access of an unerupted tooth	D5928	21077	orbital prosthesis, replacement
D7283*	placement of device to facilitate eruption of impacted tooth	D5929	21088	facial prosthesis, replacement
D7310*	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D5931	21076	obturator prosthesis, surgical
D7311*	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D5932	21080	obturator prosthesis, definitive
D7320*	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D5933	21079	obturator prosthesis, modification
D7321*	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D5934	21081	mandibular resection prosthesis with guide flange
D8050*	interceptive orthodontic treatment of the primary dentition	D5935	21081	mandibular resection prosthesis without guide flange
D8060*	interceptive orthodontic treatment of the transitional dentition	D5936	21079	obturator prosthesis, interim
D8070*	comprehensive orthodontic treatment of the transitional dentition	D5937	21089	trismus appliance (not for TMD treatment)
D8080*	comprehensive orthodontic treatment of the adolescent dentition	D5951	21089	feeding aid
D8090*	comprehensive orthodontic treatment of the adult dentition	D5952	21084	speech aid prosthesis, pediatric
		D5953	21084	speech aid prosthesis, adult
		D5954	21082	palatal augmentation prosthesis
		D5955	21083	palatal lift prosthesis, definitive
		D5958	21083	palatal lift prosthesis, interim
		D5959	21082	palatal lift prosthesis, modification
		D5960	21084	speech aid prosthesis, modification
		D5982	41899	surgical stent
		D5983**	77300-77370	radiation carrier
		D5984**	77300-77370	radiation shield
		D5985	77470	radiation cone locator
		D5986	21089	fluoride gel carrier
		D5987	21089	commissure splint
		D5988	21085	surgical splint
		D5991	21089	topical vesiculobullous disease medicament carrier
		D5992	21089	adjust maxillofacial prosthetic appliance, by report
		D5993	21089	maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
		D5994	21089	periodontal medicament carrier with peripheral seal – laboratory processed
		D5999	21089	unspecified maxillofacial prosthesis, by report

Note: Medically necessary orthodontic services must be rendered by an HMSA participating provider for full benefits. Please refer to *Guide to Benefits* for additional Plan details.

\* Requires prior authorization by HMSA dental Plan

\*\* Requires pre-certification by HMSA medical Plan