### OHCA Guideline

<table>
<thead>
<tr>
<th>Dental Procedure Class:</th>
<th>Adjunctive General Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Implementation Date:</td>
<td>12/21/2021</td>
</tr>
<tr>
<td>Last Review Date:</td>
<td>12/21/2021</td>
</tr>
<tr>
<td>Effective Date:</td>
<td>12/21/2021</td>
</tr>
<tr>
<td>Next Review/Revision Date:</td>
<td>September 2022</td>
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</tbody>
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**Reviewed By**

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

- [ ] New Criteria
- [x] Existing Criteria
- [ ] Revision of Existing Criteria

### Summary

**Purpose:** To provide guidelines to assure medical necessity and consistency in the prior authorization process.

### Descriptions

**Adjunctive General Services:** *Prior authorized (PA) services include occlusal guards.*

### Occlusal Guards:

- Narrative of medical necessity.

### CPT Codes Covered Requiring Prior Authorization (PA) and Frequency

**D9944, D9945, D9946:** Limitations apply based on prior authorization review of medical necessity.

### Approval Criteria

Medical necessity must be communicated through form of a professional letter or records from the patient chart, with problem stated, diagnosis, and other details such as sign/symptom, length of time, any tests performed, or measurements taken.

### References