

## Dental Prior Authorization Fact Sheet

**You and your doctor have decided to extract teeth that are impacted and your dental insurance company requires a prior authorization.**

- 1. Due to the high number of prior authorization requests we receive in oral surgery, please allow 6 to 8 weeks for the entire authorization process to take place. However, the processing time may be less.**
- 2. Sometime you will receive the authorization decision before we do. Feel free to fax the decision to us at 612-625-7914 and we will review.**
- 3. Once we have received the decision from the insurance company, you will be contacted to schedule.**
- 4. Please note that your insurance company has very specific guidelines for coverage for extraction of impacted teeth. Even though your doctor recommends the extractions, this does not mean you will meet the medical necessity requirements set by your dental insurance company. If a denial is received you have several options:**
  - a. You can choose to still have the teeth extracted, payment will be required at the time of the service.**
  - b. You can choose not to have the teeth extracted and have a new evaluation when/if you have new signs or symptoms that may meet your dental insurances criteria for medical necessity.**
  - c. If you feel the decision was made in error, you are able to initiate an appeal directly with your insurance company. Please contact your dental insurance directly to initiate an appeal.**
  - d. If you wish us to appeal you will need to provide us with a detailed letter identifying the signs or symptoms you are having with each tooth that was denied. You can also come back in for a new evaluation.**