

Utilization Management Notice (Washington Enrollee & Provider Notice)

Dentegra is committed to working in partnership with your provider to ensure you receive the care you need. At Dentegra, we use a process called utilization management to review whether care is medically necessary and appropriate for enrollees. The utilization management process involves the use of medical necessity and prior authorization review to ensure the treatment and services are appropriate and medically needed.

Prior Authorization

Your plan covers many treatments and services, however, some may require prior authorization. Certain treatments and services require that you receive a prior authorization approval prior to receiving the treatment or service. The prior authorization approval process involves the review of dental treatment or services according to established criteria or guidelines to ensure medical necessity and appropriateness of care are met prior to services being rendered. The review is conducted by licensed staff.

You may refer to your Plan documents or contact our Customer Service department to see if a particular service requires prior authorization.

Medical Necessity

Medical necessity is described as care that is reasonable, necessary, and/or appropriate, evidenced by clinical standards of care.

According to Washington State law, "medically necessary" is a term used to describe a request for service that is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

Licensed Dental Consultants evaluate medical necessity claims guided by Dentegra's dental policy and standards. Should these meet the medical necessity criteria, the Dental Consultant will approve the services. If the criteria is not met, the treatment or service is denied. Enrollees are provided with the appeal process should they wish to appeal a prior denial.

For questions regarding the Utilization Management Process, you may call Customer Service at **1-877-280-4204**.



