

Steps For Filling Out Adult Dental Prior Approval Request Form:

- 1) Ensure beneficiary's MCP number is valid and entered correctly.
- 2) Ensure beneficiary's Income Support PIN and file number (if applicable) are valid for time of delivery of service and are entered correctly.
- 3) Only use codes and fees listed in the Adult Dental Payment Schedule.
- 4) Ensure all services have been assigned a priority level. With the new financial considerations, not all services being request may be covered. Prioritization is essential.
- 5) All boxes, except 'MCP Use Only' must be filled out for each service being submitted.
- 6) 'Units' should be 01.
- 7) Additional information may be submitted for review. This is at the discretion of the provider.
- 8) If more than one denture service is being requested, the intended sequence of delivery should be noted in 'Additional Comments'.

Prior Approval is not required for initial examination and diagnostic bitewing x-rays. Providers will receive the processed Prior Approval via return mail.

Priority Levels

- 1) 01 Early carious lesion noted
- 2) 02 Caries through enamel but not causing pain
- 3) 03 Patient presents with caries causing pain
- 4) 04 Tooth exhibits significant breakdown and requires sedative dressing (temporary filling)

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**MEDICAL CARE PLAN**

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