TennCare Inpatient and Outpatient Hospital Readiness Pre-Admission Form

This form is required to be submitted with documentation as outlined in Section 10, Clinical Criteria for Adjunct General Services

Patient Name: _____
Patient ID: _____
Patient Address: _____
_____

Date: _____

a. I certify that I have examined this patient

A. Yes ☐ No Date of Exam _____

b. There is pathology or injury requiring extensive dental treatment (restorative or surgical)

A. Yes ☐ No

c. I certify that I have attempted to treat this patient in my office

A. Yes ☐ No Date

d. If a general dentist, I have attempted to refer this patient to a dental specialist (oral surgeon or pediatric dentist)

A. Yes ☐ No

If no, why was a referral not made?

_____
_____

e. I have attempted to manage the member with Silver Diamine Fluoride in the office (general and pediatric dentists)

A. Yes ☐ No

f. I have offered Silver Diamine Fluoride treatment to the member in the office as an alternative to treatment under general anesthesia in a medical facility (general and pediatric dentists)

A. Yes ☐ No

g. If answer to "E" or "F" is no, please explain why SDF has not been used (general and pediatric dentists

_____

_____

_____

_____

_____

_____

h. Were radiographs taken to determine diagnosis?

A. Yes ☐ No

i. I have submitted all the documentation required for prior authorization as described in the TennCare Office Reference Manual

A. Yes ☐ No

j. If answer to "H" or "I" is no, please explain why the documentation is not being submitted:

_____

_____

_____

Renaissance reserves the right to request a second opinion for any inpatient/ outpatient hospital or ambulatory surgery center request.

I Certify That the Above Information Is Correct

Name of Provider: _____

Provider Signature: _____

Date: _____

Submit to

Renaissance – TennCare
Attn: Pre-Authorizations
P.O. Box 2720
Farmington Hills, MI 48333-2720