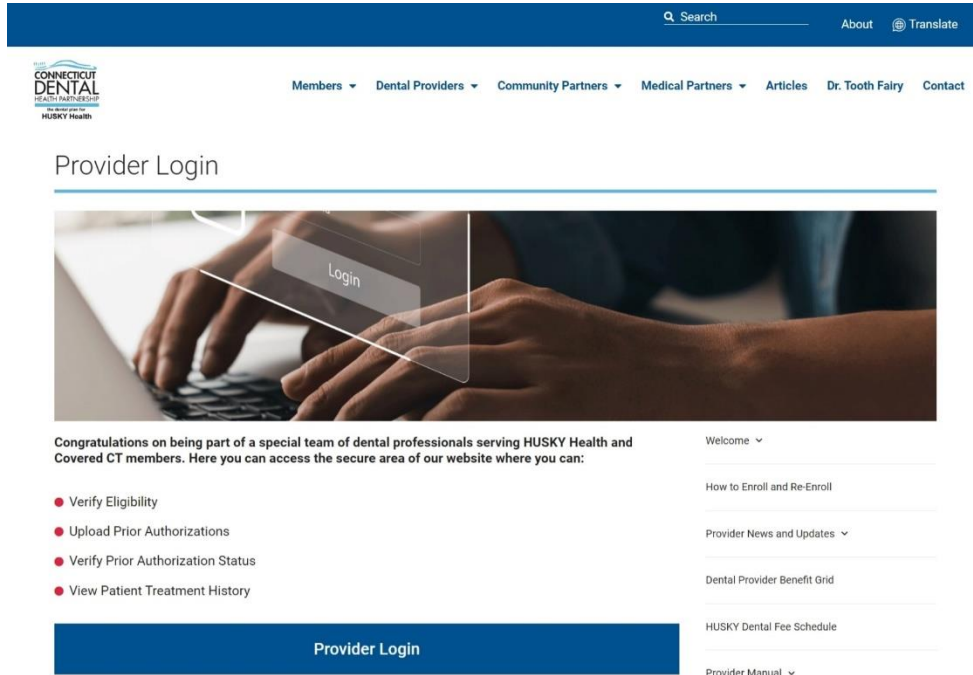


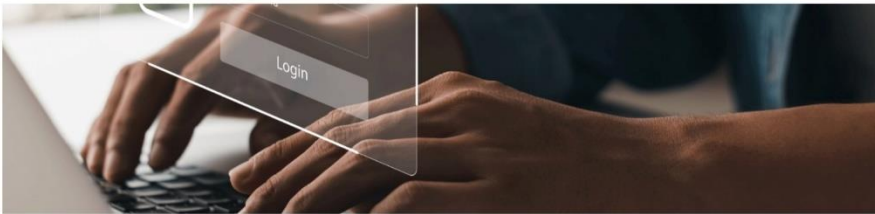
# Uploading the Periodontal Detail in the Secure Provider Portal - <https://ctdhp.org/dental-providers/login/>

## First – Log In to the Secure Provider Portal



The screenshot shows the top portion of the website. At the top is a dark blue navigation bar with a search icon and the text "Search", "About", and "Translate". Below this is the logo for "CONNECTICUT DENTAL HEALTH PARTNERSHIP" and "HUSKY Health". A horizontal menu contains the following items: "Members", "Dental Providers", "Community Partners", "Medical Partners", "Articles", "Dr. Tooth Fairy", and "Contact".

### Provider Login



Congratulations on being part of a special team of dental professionals serving HUSKY Health and Covered CT members. Here you can access the secure area of our website where you can:

- Verify Eligibility
- Upload Prior Authorizations
- Verify Prior Authorization Status
- View Patient Treatment History

[Provider Login](#)

- Welcome ▾
- How to Enroll and Re-Enroll
- Provider News and Updates ▾
- Dental Provider Benefit Grid
- HUSKY Dental Fee Schedule
- Provider Manual ▾

### Provider Login

Billing NPI Number:

Tax ID or SSN:

Please sign in using the NPI number under which your office is enrolled and under which you submit claims. Your Billing NPI may be your office's Type I or Type II NPI depending upon how you are enrolled. Please use the Tax ID or Social Security Number under which you receive IRS reporting information (1099s).

**Next - Select "Prior Authorization Upload" in the Selection Bar on the left.**

Enter Client ID, Date of Birth, Rendering Provider NPI, and select for PA Type.

The screenshot displays the website interface for the Connecticut Dental Health Partnership. At the top left is the logo for "CONNECTICUT DENTAL HEALTH PARTNERSHIP" with the tagline "the dental plan for HUSKY Health". To the right is a red banner with the text "the dental plan for HUSKY Health" and a photo of a smiling child. Below the banner is a navigation menu with categories: CLIENTS (highlighted), PROVIDER PARTNERS, and COMMUNITY PARTNERS. The CLIENTS menu lists various options, with "Prior Authorization Upload" selected. The main content area is titled "Prior Authorization Upload" and contains the following form fields: Client ID (text input with "Sle" entered), Date of Birth (three date input boxes), Rendering Provider NPI (dropdown menu with "Choose-->" selected), and PA Type (dropdown menu with "Perio PA" selected, and "Dental PA" and "Ortho PA" also visible in the list). Below the PA Type dropdown, the text "Dental PA", "Ortho PA", and "Perio PA" are listed vertically.

## If Patient Does Not Qualify

If the patient does not qualify for treatment due to lack of medical claims of the qualifying medical condition, you will get the message below.

### Prior Authorization Upload

Please enter a patient's Client ID and Date of Birth for which you wish to submit a prior authorization.

Client ID: 004287471  
Date of Birth: 06/19/1992

Member does not qualify for periodontal treatment based on the qualifying medical history.

Please contact the member's PCP for additional clinical documentation.

Client ID:

Date of Birth:  /  /

Rendering Provider NPI:

PA Type:

## **Suggested Steps when the Member does not Qualify**

When the Member does not qualify based on the lack of claim history for their medical condition:

1. Inform the member they do not qualify for Periodontal Treatment given lack of HUSKY Health claim history of the qualifying medical condition.
2. Confirm last visit with provider. Providers may need to contact the PCP to obtain additional clinical documentation confirming diagnosis.
3. If the member has not been to their provider, Instruct the member to contact their Primary Care physician or Specialist to schedule a visit.
4. If there are questions, contact the Connecticut Dental Health Partnership **Member Services Call Center at 855-283-3682.**

TIP: Providers can always check for member's claim history qualification using this tool. This includes when conducting D0180 Comprehensive Periodontal Evaluation.

## Step 1 – Add Procedure Code/s; Date/s, Oral Cavity Area, Tooth Number and Surfaces, and Fee

### Periodontal Prior Authorization Upload

Please submit your Periodontal Prior Authorization request within 20 minutes to avoid being logged out of the system.

Client ID	Name	Date of Birth	Eligibility	Plan	Remove
00		/1971	N	N/A	Remove


### STEP 1: ADD PROCEDURE CODES TO BE PRIOR AUTHORIZED (MAX=10)

Procedure Date	Procedure Code	Tooth Number	Tooth Surface	Edit	Remove
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No procedure codes have been entered. Please add one below:

#### Add Procedure:

Procedure Code:  (required)

Procedure Date:   mm/dd/yyyy

Oral Cavity Area:  If D4341 is selected: Specify area of the mouth

Tooth Number:  If D4342 is selected: Specify tooth number

Tooth Surface:         
B D F I L M O

Fee: \$

## Step 2 – Upload X-RAYS or Supporting Documentation

### STEP 2: ADD X-RAYS AND/OR SUPPORTING DOCUMENTATION

Please upload any x-rays or supporting documentation you may have. These documents must be in an image or PDF format.

File Name

Remove

No files have been uploaded yet. You may upload one below.

Upload File:

File Name:

Choose File

No file chosen

Upload File

### Supporting Documentation to Include:

- Comprehensive Phased Treatment Plan
- Comprehensive Periodontal Evaluation charting and/or narrative that includes:
- Probing for all six aspects for each tooth surface
  - a. Condition of the gingivae and oral tissues (if bleeding is present or not)
  - b. Tooth Mobility Grading Scores
  - c. Plaque Scores
  - d. Description of the location and severity of both supra- and sub-gingival calculus deposits
  - e. Recession and attachment loss (if present)
  - f. All oral disease states
  - g. Medical history including alcohol consumption, illicit drug use, drugs that cause xerostomia or gingival hyperplasia, history of tobacco (vaping, chewing, smoking) and cannabis use.
- The most recent Complete Mouth Imaging Series no older than 36 months supplemented with current bitewing imaging and/or preapical imaging and photographs showing quadrants or sites with periodontal involvement.
- Assessment of the patient that demonstrates the patient is motivated to pursue and maintain periodontal treatment and a copy of the completed and signed **CTDHP Periodontal Treatment Pledge and Action Plan.**

### Step 3 – Indicate the Missing Teeth, and Those That Need to Be Pulled if Applicable.




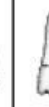










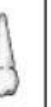

















STEP 3: INDICATE MISSING TEETH (X = MISSING, O = TO BE PULLED)





















Please remember to click the "Update Missing Teeth" button when you are finished with this section.

If your Client has no missing teeth, check here:

If your Client is edentulous, check here:

Otherwise, please indicate individual missing teeth or teeth to be extracted in the grids below:





PERMANENT															
															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PRIMARY									
									
A	B	C	D	E	F	G	H	I	J
▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
									
T	S	R	Q	P	O	N	M	L	K

Update Missing Teeth

This example shows that Tooth 2 is missing and teeth 32 and 31 need to be pulled.



	
1	2
▼	X▼
O▼	O▼
	
32	31

## Step 4 – Add Remarks / Notes

### STEP 4: REMARKS

Please remember to click the "Update Remarks" button when you are finished in this section.

150 characters allowed. **150** characters left.

Update Remarks

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**Step 5 – Submit the Periodontal PA Request.**

**If you have questions:**

**Call our Member Services Call Center at 855-283-3682**

