

Dental Coverage Limitations by Program

➤ **See FQHC Additional ADA Codes & Encounter Codes for more information regarding FQHC's**

| Procedure Service | Common ADA Codes | HUSKY A | HUSKY B (Eligible to age 19) | HUSKY C & HUSKY D |
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| Dental Home- | <p><i>“The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.”</i></p> | | | |
| Periodic Oral Evaluation | D0120 | <p>For clients <21 years of age-limited to one per client per 6-month period For clients 21 years of age or older-limited to one client per calendar year</p> <p>Effective September 1, 2014, D0120 is no longer payable for the following specialties: Endodontists, Oral & Maxillofacial Radiologists, Oral & Maxillofacial Pathologists, Anesthesiologists, Oral Surgeons, Orthodontists, and Hygienists (effective 10/01/2014).</p> <p>Note: <i>When a client has a chronic medical condition (examples include but are not limited to uncontrolled diabetes, organ transplant, or is taking an anti – seizure medication) which warrants a dental examination more than one time per six (6) month period for a child up to the age of 21, an additional service may be requested through the established post procedure review process.</i></p> <p><i>In the circumstance when an adult (21+) client has received frequency limited services within the current calendar year AND has a chronic medical or dental condition that warrants a dental service more frequently than the defined limitations for each procedure, an additional service may be requested through the established post procedure review process.</i></p> <p>Once a member turns twenty-one, the member is now considered an adult and is eligible for a periodic oral exam and cleaning regardless if the member received the services during the same year as a “child”.</p> <p>Effective June 15th, 2013, CTDPH will no longer accept or process prior authorization requests for D0120 without a date of service. <u>Submissions for these procedures will be processed on a post-procedure review basis only.</u></p> | | |

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| | | <p>-No HUSKY B Copay - Source: Provider Bulletin 2011-61, 2014-62 & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Emergency or Limited -Oral Evaluation | D0140 | <p>Effective September 1, 2014, both children and adults will now be eligible for only four problem focused evaluations per calendar year. Once a member turns twenty-one, the member is now considered an adult and is eligible for four limited oral exams regardless if the member received the services during the same year as a “child”.</p> <p>-No HUSKY B Copay -Source: Provider Bulletin 2014-62 & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Comprehensive Oral Evaluation | D0150 | <p>For clients <21 years of age- limited to one per 36 months For clients 21 years of age or older- limited to one per client per lifetime Note: When a client changes providers, an additional comprehensive examination service can be requested through the established prior authorization process. Once a member turns 21, the member is eligible for a comprehensive oral evaluation, as an adult, even if the member received a comprehensive oral evaluation prior to their 21st birthday.</p> <p>-No HUSKY B Copay Source: Provider Bulletin 2011-61 & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Detailed & Extensive Oral Evaluation | D0160 | <p>-No HUSKY B Copay</p> <p>-Source: DXC/HP Fee schedule & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Comprehensive Periodontal Evaluation | D0180 | <p>Limited one per client per lifetime. May not be performed on the same date of service as D0150. For clients <21 years of age may qualify for additional evaluations under the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT).</p> <p>Note: If the office or clinic is not going to perform the scaling and root planing and/or debridement procedure(s), the Comprehensive Periodontal Evaluation does not require prior authorization but is limited to the office or clinic providing the periodontal scaling and root planing treatment. If the member must go to another office or clinic to receive the periodontal treatment the D0180 will be recouped.</p> <p>- No HUSKY B Copay - Source: Provider Bulletin 2023-38</p> |

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| <p>X-Ray-Intraoral, Complete Series (FMX, Full Mouth Series)</p> | <p>D0210-Full Mouth Series</p> | <p>Intraoral, complete series (full mouth) consisting of at least ten (10) periapical films plus bitewings, limited to once per (36) months Note: Under the HUSKY dental plan, a panoramic <u>or</u> a full mouth series is covered under the plan 1X per 36 months.</p> <p>-No HUSKY B Copay</p> <p>- Source: Chapter 7 of the CT DSS Dental Provider Manual</p> |
| <p>X-Ray-Periapical</p> | <p>D0220-1st Film D0230-Each Additional Film</p> | <p>Limited to four (4) radiographs per 365-day period Note: Periapicals are not covered on the same date of service as a full mouth series, a panoramic film, or lateral jaw films.</p> <p>If the number of films billed will exceed the fee of full mouth series, a full mouth series should be billed. Example: Four periapical films and four bite wings would exceed the fee of a full mouth series. In this case, a full mouth series should be billed.</p> <p>When a client has a documented need that warrants more than four periapical radiographs in a one-year period, an additional service may be requested through the prior authorization process. The prior authorization request must include a description and/or documentation that will support and justify the additional periapical radiograph procedure.</p> <p>-No HUSKY B Copay - Source: Provider Bulletin 2011-61 & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| <p>X-Ray-Bitewing</p> | <p>D0270-Single D0272-Two D0274-Four</p> | <p>Effective May 1, 2015, for clients <21 years of age-limited to 1 bitewing procedure allowed per client once per calendar year For clients 21 years of age or older-limited to 1 bitewing procedure allowed per client per 12-month period (any x-rays in addition to bitewings & 3 periapicals require a PA)</p> <p>-No HUSKY B Copay - Source: Provider Bulletin 2011-61, & Chapter 7 of the CT DSS Dental Provider Manual -Provider Bulletin 2015-27</p> |

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| Sialography | D0310 | <p>Effective September 1, 2014, no longer payable through HUSKY</p> <p>- Source: Provider Bulletin 2014-62</p> |
| Other TMJ Films | D0321 | <p>Effective September 1, 2014, PA required</p> <p>-No Husky B Copay</p> <p>- Source: Provider Bulletin 2014-62</p> |
| X-Ray-Panoramic | D0330-Panoramic Radiograph | <p>A panoramic x-ray is a reimbursable procedure that requires prior authorization for clients age 21 and older. This pertains to all dental specialties and clinics except for oral and maxillofacial surgeons and orthodontists.</p> <p>Note: Under the HUSKY dental plan, either a panoramic x-ray <u>or</u> a full mouth series is covered under the plan 1x per 36 months.</p> <p>When a client has a <u>documented need that warrants a panoramic radiograph</u>, the service can be requested through the prior authorization process.</p> <p>-No HUSKY B Copay</p> <p>- Source: Provider Bulletin 2011-61, Chapter 6 in the CTDHP Provider Manual & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Caries Susceptibility Screening | D0425 | <p>Prior Authorization is required for the specialties that are allowed to bill for this procedure.</p> <p>When submitting a prior authorization, providers should include a description of the patient's condition, the reason the screening should be done, and should also note how the results of the screening will influence future treatment. Providers should follow the EPSDT guidelines in the provider manual.</p> <p>-No HUSKY B Copay</p> <p>-Source Provider Bulletin 2014-62</p> |

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| <p>Caries Risk Assessment (Primarily for Children)</p> | <p>D0601-Low Risk D0602-Moderate Risk D0603-High Risk</p> | <p>Effective September 1, 2014, payment for D0601 and February 13, 2015 for D0602 and D0603 will be limited to once per 6 months for children under the age of 21 years. Only dental hygienists, who are enrolled as a rendering provider in the CTDHP/HUSKY Health program, practicing in public health settings and who have completed calibration training will be eligible to receive reimbursement. Screenings should take place in locations that are not dental homes. This would normally not include permanent clinics and private dental offices. Children who have a dental home should be receiving periodic dental examinations at their dental home rather than a screening.</p> <p>-No HUSKY B Copay</p> <p>-Source: Provider bulletin 2014-62, Provider Bulletin 2014-71, internal document- PDF 10-1-2014, entitled: Dental Caries Risk Assessment Screening Program for Children</p> |
| <p>Dental Prophylaxis “Prophy”</p> | <p>D1120 Pediatric D1110 Adult</p> | <p>For clients <21 years of age-limited to one per client per 6-month period For clients 21 years of age or older-limited to one per client per calendar year</p> <p>Note: <i>Includes cleaning, supra & sub gingival scaling & polishing</i></p> <p><i>When a client has a chronic medical condition (examples include but are not limited to uncontrolled diabetes, organ transplant or is taking an anti – seizure medication) that warrants a dental prophylaxis more than one time per six (6) month period for a child up to the age of 21, an additional service may be requested through the established post procedure review process.</i></p> <p><i>In the circumstance when an adult (21+) client has received frequency limited services within the current calendar year AND has a chronic medical or dental condition that warrants a dental service more frequently than the defined limitations for each procedure, an additional service may be requested through the established post procedure review process.</i></p> <p>Once a member turns twenty-one, the member is now considered an adult and is eligible for an adult prophylaxis regardless if the member received the services during the same year as a “child”.</p> <p>Effective June 15th, 2013, CTDHP will no longer accept or process prior authorization requests for D1110 without a date of service. Submissions for these procedures will be processed on a post-procedure review basis only.</p> <p>-No HUSKY B Copay</p> <p>- Source: Provider Bulletin 2011-61, Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual</p> |

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| <p>Topical Application of Fluoride-Adult & Children</p> | <p>D1206- Topical Varnish D1208-Topical Fluoride Application</p> | <p>Limited to no more than 1 of these two fluoride codes every 6 months per client, under age 21 and prior authorization is not required. For clients age 21 and older, fluoride is covered once per calendar year.</p> <p>Both of these services are set up identically in the system so a client can have one or the other. (EX. a child has a D1206 done and then 6 months later has a D1208 done, it will be covered)</p> <p>Fluoride treatments are covered once every 6 months for clients in an acute care facility, intermediate care facility, large licensed boarding home, large group home, a mental disease facility, a small licensed boarding home or a skilled nursing facility. Prior authorization is not required.</p> <p>Additional fluoride treatments may be granted via prior authorization if medically necessary.</p> <p>If a medical provider performs a D1206 it does not count against the dental benefit (frequency).</p> <p>-No HUSKY B Copay - Source: DXC/HP Fee Schedule, 2015 CDT Update & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| <p>Tobacco Counseling</p> | <p>D1320</p> | <p>Effective September 1, 2014 chart documentation required for this code</p> <p>The client’s chart must confirm that the client uses tobacco products and cite the form (i.e. smoking, chewing, or holds in vestibule), the quantity used in a 24-hour period, and type of counseling provided (oral, written, and/or referral). All charts must be signed and dated on the date of service.</p> <p>-No HUSKY B Copay -Source: Provider Bulletin 2014-62</p> |
| <p>Pit & Fissure Sealants</p> | <p>D1351</p> | <p>Ages 5 through 16, once in a five-year period per tooth, limited to tooth numbers shown below Teeth to be sealed must be free of decay. 2,3,14,15,18,19,30,31</p> <p>Effective August 1, 2016, sealants will no longer be routinely covered on the premolar teeth 4, 5, 12, 13, 20, 21, 28 & 29. In the event there are sealants that fail within five years from the date of placement, the reimbursement fee will be recouped from the office that placed the original sealant or the provider who placed the original sealant may replace the sealant at no cost.</p> <p>- Source: Provider Bulletin 06-103, 09-25 & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2016-45, Provider Bulletin 2017-95</p> |
| <p>Interim Caries Arresting Medicament</p> | <p>D1354</p> | <p>Effective January 1, 2018, Interim Caries Arresting Medicament is covered four times a year per arch in 3-month intervals.</p> <p>Covered for children under 6 years of age; for children 6 years old and over and adults who have special healthcare</p> |

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| | | <p>needs.</p> <p>Effective September 1, 2018, the first tooth in the arch will be reimbursed at the HUSKY allowable fee for the arch. Indicate each tooth number that medicament will be applied to within the arch, and for each additional tooth to be treated, \$1 will be added to the final price.</p> <p>PA is required for all provider types indicating the reasons for medical necessity.</p> <p>-No HUSKY B Copay</p> <p>- Source: Provider Bulletin 06-103, 09-25 & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2016-45, Provider Bulletin 2017-95, Provider Bulletin 2018-51</p> <p>Prior Authorization (PA) is no longer required for the procedure code, D1354 Interim Caries Arresting Medicament as of November 1, 2022.</p> |
| Space Maintainers | <p>D1510-Fixed Unilateral D1999-1 Additional FQHC Encounter Code</p> <p>D1516-Fixed Bilateral, Maxillary D1517-Fixed Bilateral, Mandibular D1999-1 Additional FQHC Encounter Code</p> <p>D1526-Removable Bilateral, Maxillary D1527-Removable Bilateral, Mandibular D1575-Distal, Fixed Unilateral D1999-2 Additional FQHC Encounter Code</p> | <p>D1510 – Limit of 4 covered per lifetime - This includes the replacement of lost space maintainers. Prior authorization required for some specialties</p> <p>D1516/D1517 – Limit of 2 covered per lifetime - This includes the replacement of lost space maintainers. Prior authorization required for some specialties</p> <p>D1526/D1527 –Limit of 2 covered per lifetime - This includes the replacement of lost space maintainers. Prior authorization required for some specialties</p> <p>Limit of 4 covered per lifetime -This includes the replacement of lost space maintainers. Prior authorization required for some specialties</p> |

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| | | <p>As of 12-31-18, D1515 and D1525 are not valid space maintainer codes</p> <p>-HUSKY B Copay-33%</p> <p>- Source: DXC/HP Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2019-</p> |
| Recementation of Space Maintainer | <p>D1550</p> <p>D1551-Maxillary</p> <p>D1552-Mandibular</p> <p>D1553-Unilateral Per Quad.</p> | <p>Effective 1-1-2020, D1550 not a valid code/service</p> <p>Recementation of Space Maintainer-Maxillary/Mandibular/Unilateral Per Quad. -Codes effective 1-1-20</p> <p>Prior authorization required for some specialties for members under age 21 and required for any age by a Dental Anesthesthesiologist</p> <p>-HUSKY B Copay-20%</p> <p>- Source: DXC/HP Fee Schedule &Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2019-87</p> |
| Removal of Fixed Space Maintainer | <p>D1555</p> <p>D1556-Unilateral Per Quad.</p> <p>D1557-Bilateral-Maxillary</p> <p>D1558-Bilateral-Mandibular</p> | <p>Effective 1-1-2020, D1555 not a valid code/service</p> <p>Removal of Fixed Space Maintainer-Unilateral Per Quad., Bilateral Maxillary and Bilateral Mandibular-Codes effective 1-1-20</p> <p>Prior authorization required for some specialties</p> <p>-HUSKY B Copay-33%</p> <p>- Source: DXC/HP Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2019-87</p> |
| Restorations-Fillings Amalgams (Metal) (1-32, A-T) | <p>D2140 – 1 Surface</p> <p>D2150 – 2 Surface</p> <p>D2160 – 3 Surface</p> <p>D2161 – 4 Surface</p> | <p>Effective August 1, 2016, covered once per two years for same surface -no primary teeth which are about to come out</p> <p>Any restorations that are faulty or have recurrent decay and require replacement within two years from the initial date of placement will require prior authorization regardless of the provider and the replacement may result in recoupment of the initial restoration fee paid to the provider who performed the original restoration.</p> <p>Effective October 1, 2014, tooth surface B (buccal) and F (facial) will no longer be allowed to be billed in conjunction with each other for the same procedure code and tooth number.</p> <p>Effective July 24,2018, dental providers will be reimbursed for the total number of surfaces restored on a single tooth per one-year period regardless of the provider performing the restorations. The same surface even billed in conjunction with a different surface will not be covered in that same one-year period.</p> |

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| | | <p>Example: A provider performs "MO" on tooth #19, later in the year, the same provider or different provider performs a "DO" on the same tooth</p> <p>The "DO" would not be paid at the 2-surface allowable but HUSKY will pay the difference between a two surface and a three-surface restoration. So, HUSKY would be considering these as a 3 surface "MOD" filling.</p> <p>-HUSKY B Copay-20%</p> <p>- Source: Provider Bulletin 09-25 & Chapter 7 under the CTDSSMAP website, Provider Bulletin 2016-45, CTDSSMAP/DXC Important Message, 8-6-18</p> |
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| <p>Restorations-Fillings Composite Resin (White)</p> | <p><u>Anterior:</u> D2330 – 1 Surface D2331 – 2 Surface D2332 – 3 Surface D2335 – 4 Surface 6-11, 22-27, C-H, M-R</p> <p><u>Posterior:</u> D2391 – 1 Surface D2392 – 2 Surface D2393 – 3 Surface D2394 – 4 Surface 2-5, 12-15, 18-21, 28-31, A, B, I, J, K, L, S, T</p> | <p>Effective August 1, 2016, covered once per two years for same surface by same provider-no primary teeth which are about to come out</p> <p>Any restorations that are faulty or have recurrent decay and require replacement within two years from the initial date of placement will require prior authorization regardless of the provider and the replacement may result in recoupment of the initial restoration fee paid to the provider who performed the original restoration.</p> <p>Effective July 1, 2019, molar teeth numbers 2,3,14,15,18,19,30,31 will be eligible to have posterior resin restorations for adult HUSKY members. There is no longer an age limitation on these restorations.</p> <p>Effective October 1, 2014, tooth surface B (buccal) and F (facial) will no longer be allowed to be billed in conjunction with each other for the same procedure code and tooth number.</p> <p>Effective July 24,2018, dental providers will be reimbursed for the total number of surfaces restored on a single tooth per one-year period regardless of the provider performing the restorations. The same surface even billed in conjunction with a different surface will not be covered in that same one-year period.</p> <p>Example: Provider performs “MO” on tooth #19, later in the year the same provider or a different provider performs a “DO” on the same tooth. The “DO” would not be paid at the 2-surface allowable but HUSKY will pay the difference between a two surface and a three-surface restoration. So, HUSKY would be considering these as a 3 surface “MOD” filling.</p> <p>-HUSKY B-20% Copay - Source: Provider Bulletin 09-25, Provider Bulletin 09-57, Provider Bulletin 11-61 & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2016-45, CTDSSMAP/DXC Important Message, 8-6-18, Provider Bulletin 2019-42</p> |
| <p>Fillings-Tooth surfaces Restricted to Specific Teeth</p> | <p>Buccal (B) Distal (D) Facial (F) Incisal (I) Lingual (L) Mesial (M)</p> | <p>B= teeth: 1-32, A-T D= teeth: 1-32, A-T F= teeth: 1-32, A-T I= teeth: 6-11, 22-27, C – H and M – R L= teeth: 1-32, A-T M= teeth: 1-32, A-T O= teeth: 1-5, 12-21, 28-32, A, B, I-L, S, T</p> |

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| | Occlusal (O) | <p>Effective October 1, 2014, claims will deny for invalid tooth number/tooth surface combination. -Source: Provider Bulletin 2014-62</p> |
| <p>Crown –Porcelain Fused to Predominantly Base Metal</p> <p>Anterior permanent teeth– Only covers: (Maxillary #4-13) (Mandibular #20-29)</p> <p>(Predominantly shows porcelain-anterior teeth)</p> | <p>D2751 - Anterior</p> <p>D2999-2 Additional FQHC Encounter Code</p> | <p>Crown –Porcelain fused to predominantly base metal – Anterior Teeth – Covered once per five year. Prior authorization required.</p> <ul style="list-style-type: none"> • Does the tooth in question have a favorable prognosis? • Is tooth in question free of periodontal involvement? • Is the tooth in question free from root fracture(s)? • Does sufficient crown structure remain to restore tooth to function? • Has the tooth in question incurred the loss of four or more tooth surfaces including the loss of one incisal angle? (if no, the crown restoration would not meet coverage guidelines) • Is the tooth to be treated the only tooth requiring restorative procedures? (If no, verify all requirements for each tooth) • Are other missing teeth in the same arch as the tooth in question to be restored with a partial denture? (If yes, a single crown restoration would not meet coverage guidelines) <p><i>(Submissions for fillers to smooth out irregularities in the tooth preparation are not benefited because they are considered an integral part of the crown procedure and do not constitute a separate billable service.)</i></p> <p><i>(PA submissions must include mounted pre-operative periapical, Pan or FMX (no bitewings) & complete charting of client’s dentition including any planned extractions.)</i></p> <p>-HUSKY B Copay 33%</p> <p>- Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual & CTDHP Provider Manual Chapter 6</p> |

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| <p>Crown-Full Cast Predominantly Base Metal</p> <p>Permanent teeth- Maxillary - (1-3,14- 16) Mandibular-(17- 19,30-32)</p> <p>(Predominantly shows metal)</p> <p><i>(Submissions for fillers to smooth out irregularities in the tooth preparation are not benefited because they are considered an integral part of the crown procedure and do not constitute a separate billable service.)</i></p> <p><i>(PA submissions must include mounted pre- operative periapical, Pan or FMX (no bitewings) & complete charting of client's dentition including any planned extractions.)</i></p> | <p>D2791</p> <p>D2999-2 Additional FQHC Encounter Code</p> | <p>Crown-Full cast predominantly base metal covered on permanent molars once per five-year limitation. Prior authorization required.</p> <ul style="list-style-type: none"> • Is the client currently eligible for dental services under HUSKY? If yes, proceed to the next question. If no, services cannot be reviewed. • Does the tooth in question have a favorable prognosis? • Is tooth in question free of periodontal involvement? • Is the tooth in question free from root fracture(s)? • Does sufficient crown structure remain to restore tooth to function? • If the tooth in question is a premolar- has the tooth in question incurred the loss of three (3) or more tooth surfaces including one (1) cusp? (If no, a single crown restoration would not meet coverage guidelines) • If the tooth in question is a molar-has it incurred the loss of four (4) or more tooth surfaces including two (2) cusps? - (If no, a single crown restoration would not meet coverage guidelines) • Does the client have intact dentition (other than third molars-<i>wisdom teeth</i> or bicuspid-4-5, 12-13, 21-20, 28-29 extracted for <u>orthodontic therapy</u> in the quadrant of the tooth to be treated?) • Does client have eight (8) or more natural or restored posterior teeth in occlusion? (If no, is the tooth in question the last potential abutment tooth for a partial denture?) • Does the tooth in question have a natural or restored tooth in occlusion? (If yes, would the extraction of the tooth in question result in fewer than 8 posterior teeth in occlusion?) - (if yes client <u>appears</u> to qualify for a bilateral partial denture.) • Does the client currently have bilaterally missing teeth in the same arch as the tooth in question? (If yes, is the tooth in question the last potential abutment tooth for a partial denture? If no, the single crown restoration would not meet coverage guidelines.) • Would the extraction of the tooth in question create bilaterally missing teeth in the arch of the tooth in question? (If no, single crown restoration would not meet coverage guidelines) <p>-HUSKY B Copay 33%</p> <p>- Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual & CTDHP Provider Manual Chapter 6</p> |
| <p>Re-cement Inlay/Onlay</p> | <p>D2910</p> | <p>Prior authorization required for some specialties.</p> |

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| Re-cement Crown | D2920 | -HUSKY B Copay 20% - Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual |
| Crowns-Stainless Steel with Resin Window (Primarily used on children) | D2930-Primary D2931-Permanent D2933-Primary or Permanent | D2930 – Prior authorization required for some specialties D2931 – Prior authorization required for some specialties Covered only when breakdown of tooth structure is excessive Crowns are not covered for primary teeth which are about to come out. D2933 – Effective September 1, 2014 , No longer payable through HUSKY -HUSKY B Copay 33% - Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual |
| Crowns-Prefabricated Coated Aesthetic Stainless Steel Crown (Primarily used on children) | D2934-Primary or Permanent | D2934 –Effective October 1, 2014 , prior authorization required for some specialties Effective September 1, 2014 , requires post- procedure radiograph Covered only when breakdown of tooth structure is excessive Crowns are not covered for primary teeth which are about to come out. -HUSKY B Copay 33% -Source: Provider Bulletin 2014-62 |
| Restorative Temporary Sedative filling | D2940 | Only used to treat dental pain requiring emergency treatment or if the dentist wants tooth to heal for a short time before completing treatment. They usually fall out or wear down within a month or two. Prior authorization required for some specialties -HUSKY B Copay 20% - Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual |

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| Core Buildup | D2950 | <p>The core buildup replaces part or the entire anatomical crown when there is insufficient crown structure remaining to provide mechanical retention for an artificial crown provided said teeth can support the suitable placement of intra-dental pins, without causing damage to the existing pulp and therefore, serves as a base for the artificial crown, This procedure may be used with non-endodontically treated teeth that require an artificial crown when longevity is essential for the tooth in treatment and can demonstrate at least a supportable five year positive prognosis.</p> <p>Posts & cores are to be used solely on endodontic treated teeth, only when there is insufficient tooth structure remaining resulting in insufficient mechanical retention or coronal strength to support and retain an artificial crown.</p> <p><i>Submissions for fillers to smooth out irregularities in the tooth preparation are not benefited because they are considered an integral part of the crown procedure and do not constitute a separate billable service.</i></p> <p>PA required</p> <p>-HUSKY B Copay 33%</p> <p>- Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Pin Retention-Per Tooth in Addition to | D2951 | <p>-HUSKY B Copay 33%</p> <p>- Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Application of Hydroxyapatite (HA) to carious lesion(s) | D2991 | <p>Effective January 1, 2024, Application of Hydroxyapatite (HA) to carious lesion(s), will be restricted to one application per tooth surface per year. All subsequent treatments on the treated tooth will follow the same restrictions as restorative fillings.</p> <p>The Connecticut Medical Assistance Program (CMAP) does not reimburse for the restoration of separate surfaces when treatment is performed on a single tooth by the same provider (on the same tooth, for the same member). Dental providers will be reimbursed for the total number of surfaces restored on a single tooth per one year period for each provider.</p> <p>D2991 must be billed with the proper number of surfaces; otherwise, the service will not be paid correctly. The service is limited to one time per tooth every year and additional applications per year must be prior authorized.</p> |

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| | | <p>-HUSKY B Copay N/A</p> <p>Note: This billing guidance doesn't apply to claims generated by federally qualified health centers (FQHCs).</p> <p>Source: Provider Bulletin 23-79</p> |
| <p>Pulp Cap, Direct</p> | <p>D3110</p> | <p>Effective September 1, 2014, this procedure is restricted to members under the age of twenty-one.</p> <p>-HUSKY B Copay 20%</p> <p>-Source: Provider Bulletin 2014-62</p> |

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| <p>Endodontic Therapy –Root Canal</p> <p>Anterior Teeth</p> <p>(#6-11 or 22-27)</p> | <p>D3310 - Anterior</p> <p>D3999-1 Additional FQHC Encounter Code</p> | <p>Once per tooth per Client per lifetime limitation</p> <ul style="list-style-type: none"> • Is tooth one of the upper & lower six anterior teeth? • Only when necessary to maintain the integrity of the dentition & prognosis is favorable • Is tooth in question free of periodontal involvement? • Is the tooth in question free from root fracture(s)? • Does sufficient crown structure remain to restore tooth to function? • Is the tooth in question the only tooth being considered for endodontic therapy? (if not, all teeth must meet these requirements) • Are there any missing teeth in the same arch as tooth in question to be restored with a partial denture? (if yes, then endodontic therapy would not meet coverage guidelines) <p>Effective November 10, 2014, PA/PR is required for D3310 for all ages and for all dental specialties except FQHCs. See current fee schedule.</p> <p><i>(Prior authorization/post review submissions must include mounted pre-operative periapical, Pan or FMX (no bitewings) & complete charting of client’s dentition including any planned extractions.)</i></p> <p>-HUSKY B Copay 20%</p> <p>- Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual & CTDHP Provider Manual Chapter 6, Interchange</p> |
| <p>Endodontic Therapy –Root Canal</p> <p>Posterior Teeth</p> <p>(# 1-5, 12-16, 17-21, 28-32)</p> | <p>D3320 - Bicuspid</p> <p>D3999-2 Additional FQHC Encounter Code</p> <p>D3330 - Molar</p> | <p>Once per tooth per Client per lifetime limitation</p> <ul style="list-style-type: none"> • Only when necessary to maintain the integrity of the dentition & prognosis is favorable • Is tooth in question free of periodontal involvement? • Is the tooth in question free from root fracture(s)? • Does sufficient crown structure remain to restore tooth to function? • Does the client have intact dentition (other than third molars-<i>wisdom teeth</i> or bicuspid-4-5, 12-13, 21-20, 28-29 extracted for <u>orthodontic therapy</u> in the quadrant of the tooth to be treated?) |

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| (Requires PA) | D3999-3 Additional FQHC Encounter Code | <ul style="list-style-type: none"> • Does client have eight (8) or more natural or restored posterior teeth in occlusion? (If no, is the tooth in question the last potential abutment tooth for a partial denture?) • Does the tooth in question have a natural or restored tooth in occlusion? (If yes, would the extraction of the tooth in question result in fewer than 8 posterior teeth in occlusion? If yes, client <u>appears</u> to qualify for a bilateral partial denture.) • Does the client currently have bilaterally missing teeth in the same arch as the tooth in question? • Would the extraction of the tooth in question create bilaterally missing teeth in the arch of the tooth in question? (If no, endodontic therapy would not meet coverage guidelines.) <p>Effective November 10, 2014, all specialties require prior authorization/post review for all ages for D3320, D3330 except FQHCs. See current fee schedule <i>(Prior authorization/post review submissions must include mounted pre-operative periapical, Pan or FMX (no bitewings) & complete charting of client's dentition including any planned extractions.)</i></p> <p>-HUSKY B Copay 20% - Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual & CTDHP Provider Manual Chapter 6, Interchange</p> |
| Retreatment Root Canal Therapy | D3346-Anterior D3347- Premolar/Bicuspid D3348- Posterior/Molar | <p>Covered for clients under age 21 and prior authorization is required for all providers except Endodontists</p> <p>-HUSKY B Copay 20% - Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Apicoectomy/ Periraduclar Surgery | D3410-Anterior D3421-Bicuspid D3425-Molar | <p>Prior authorization is required for under age 21- Endodontist do not require prior authorization for these procedures</p> <p>-HUSKY B Copay 20% - Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</p> |

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| <p>Apexification (Requires PA)</p> | <p>D3351-Initial Visit D3352-Intermediate Visit D3353-Final Visit</p> | <p>Not including root canal treatment but includes all visits to complete the service Restricted to members under age 18 – prior authorization is required all specialties except Endodontist -HUSKY B Copay 20% - Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</p> | | | | | | | | | | | | |
|---|--|---|--|------|-------------|----|-------------------------|----|------------------------|----|------------------------|----|-------------------------|---|
| <p>Gingivectomy or Gingivoplasty (Reposition forming tooth bud to another socket)</p> | <p>D4210-Four or More Teeth D4211-One to Three Teeth</p> | <p>PA required for 21 & over For severe side effects caused by medication -HUSKY B Copay 50% -Source: Chapter 7 of the CT DSS Dental Provider Manual (section I, letter f)</p> | | | | | | | | | | | | |
| <p>Periodontal Scaling and Root Planing per Quadrant – 4 or more teeth</p> | <p>D4341 – Per Quadrant 4 or more teeth</p> <table border="1" data-bbox="346 695 632 1036"> <thead> <tr> <th colspan="2">Quadrant Designations</th> </tr> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>Upper Right Quadrant</td> </tr> <tr> <td>20</td> <td>Upper Left Quadrant</td> </tr> <tr> <td>30</td> <td>Lower Left Quadrant</td> </tr> <tr> <td>40</td> <td>Lower Right Quadrant</td> </tr> </tbody> </table> | Quadrant Designations | | Code | Description | 10 | Upper Right Quadrant | 20 | Upper Left Quadrant | 30 | Lower Left Quadrant | 40 | Lower Right Quadrant | <p>Covered for children under age 21 years regardless of medical condition. Covered for adults 21 and over who have treatable periodontal disease and a diagnosis of at least ONE of the following medical conditions evidenced by medical claim history: <i>Requires prior authorization</i></p> <p>Acute rheumatic endocarditis, Acute and subacute endocarditis, Congenital malformations of aortic and mitral valves, Congenital malformations of pulmonary and tricuspid valves, Nonrheumatic tricuspid valve disorders, Nonrheumatic pulmonary valve disorders, Presence of prosthetic heart valve, Presence of xenogeneic heart valve, Presence of other heart-valve replacement(s), Rheumatic aortic valve diseases, Rheumatic diseases of the endocardium and valve(s), Rheumatic mitral valve diseases, Rheumatic tricuspid valve diseases, Viral endocarditis, Endocarditis in systemic lupus, Erythematosis, Nonrheumatic aortic valve disorders, Encounter for anti-neoplastic agents including ionizing pellets placed in the head, neck or thorax, Personal history of antineoplastic chemotherapy, Head, neck and/or thorax radiation therapy, Long term (current) use of chemotherapeutic agents, Epilepsy/Seizure disorder with a current or past history of Dilantin/Phenytoin use and a history of current and documented clinical evidence of Gingival Hyperplasia, Diabetes Mellitus Type I, Diabetes Mellitus Type II, End Stage Renal Disease, Organ Transplant and – Candidate or Post – status with Heart Transplant, Hepatobiliary Transplant, Intestinal Transplant, Pulmonary Transplant, Kidney Transplant, Stem Cell Transplant.</p> <p>Note: <i>No more than two combinations per quadrant per visit.</i></p> <p><i>All FQHCs are required to submit the same documentation for HUSKY and Covered CT members. One unit of each periodontal services will be authorized for each encounter. For example, a D0180 (Periodontal Examination) along with a complete mouth series should be performed on the same date of service. Procedures for debridement and scaling and root planning should be performed as one debridement encounter and one encounter for each periodontal scaling and root planning treatment.</i></p> <p>-HUSKY B Copay 50%</p> |
| Quadrant Designations | | | | | | | | | | | | | | |
| Code | Description | | | | | | | | | | | | | |
| 10 | Upper Right Quadrant | | | | | | | | | | | | | |
| 20 | Upper Left Quadrant | | | | | | | | | | | | | |
| 30 | Lower Left Quadrant | | | | | | | | | | | | | |
| 40 | Lower Right Quadrant | | | | | | | | | | | | | |

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| | | -Source: Provider Bulletin 2023-38 | |
| Periodontal Scaling and Root Planing per quadrand – 1 to 3 teeth | D4342 – Partial Quadrant 1 to 3 teeth | Covered for children under age 21 years regardless of medical condition. Covered for adults 21 and over who have treatable periodontal disease and a diagnosis of at least ONE of the following medical conditions evidenced by medical claim history: <i>Requires prior authorization</i> | |
| | Quadrant Designation | | |
| | Code | Description | |
| | 10 | Upper Right Quadrant | Acute rheumatic endocarditis, Acute and subacute endocarditis, Congenital malformations of aortic and mitral valves, Congenital malformations of pulmonary and tricuspid valves, Nonrheumatic tricuspid valve disorders, Nonrheumatic pulmonary valve disorders, Presence of prosthetic heart valve, Presence of xenogeneic heart valve, Presence of other heart-valve replacement(s), Rheumatic aortic valve diseases, Rheumatic diseases of the endocardium and valve(s), Rheumatic mitral valve diseases, Rheumatic tricuspid valve diseases, Viral endocarditis, Endocarditis in systemic lupus, Erythematosus, Nonrheumatic aortic valve disorders, Encounter for anti-neoplastic agents including ionizing pellets placed in the head, neck or thorax, Personal history of antineoplastic chemotherapy, Head, neck and/or thorax radiation therapy, Long term (current) use of chemotherapeutic agents, Epilepsy/Seizure disorder with a current or past history of Dilantin/Phenytoin use and a history of current and documented clinical evidence of Gingival Hyperplasia, Diabetes Mellitus Type I, Diabetes Mellitus Type II, End Stage Renal Disease, Organ Transplant and – Candidate or Post – status with Heart Transplant, Hepatobiliary Transplant, Intestinal Transplant, Pulmonary Transplant, Kidney Transplant, Stem Cell Transplant. |
| | 20 | Upper Left Quadrant | |
| 30 | Lower Left Quadrant | | |
| 40 | Lower Right Quadrant | | |
| | <p>Note: For CDT code D4342 (Scaling and Root Planing 1-3 teeth) a tooth number must be submitted in addition to the quadrant indicating the central tooth in the site. For example, if the patient has teeth numbers 19, 21 and 23, for three or less teeth, tooth number 21 is designated as the central tooth of the site for SRP with three or less teeth.</p> <p>No more than two combinations per quadrant per visit.</p> <p>All FQHCs are required to submit the same documentation for HUSKY and Covered CT members. One unit of each periodontal services will be authorized for each encounter. For example, a D0180 (Periodontal Examination) along with a complete mouth series should be performed on the same date of service. Procedures for debridement and scaling and root planning should be preformed as one debridement encounter and one encounter for each periodontal scaling and root planning treatment.</p> <p>-HUSKY B Copay 50%</p> <p>-Source: Provider Bulletin 2023-38</p> | | |

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| <p>Full Mouth Debridement</p> | <p>D4355</p> | <p>Limited to one time per lifetime per members over age 20; Additional Debridement services may be requested for reasons of medical necessity for adults who have special healthcare needs. <i>Requires prior authorization</i></p> <p>HUSKY Health members under the age 21 years may qualify for additional debridement under EPSDT guidelines.</p> <p>Note: <i>No more than two combinations per quadrant per visit.</i></p> <p><i>All FQHCs are required to submit the same documentation for HUSKY and Covered CT members. One unit of each periodontal services will be authorized for each encounter. For example, a D0180 (Periodontal Examination) along with a complete mouth series should be performed on the same date of service. Procedures for debridement and scaling and root planning should be performed as one debridement encounter and one encounter for each periodontal scaling and root planning treatment.</i></p> <p>-HUSKY B Copay 50% -Source: Provider Bulletin 2023-38</p> |
| <p>Periodontal Maintenance</p> | <p>D4910</p> | <p>Covered two times in 12 months period for both children and adults. <i>Requires prior authorization</i></p> <p>Note: <i>Can not be performed in conjunction with D0180, D4341 or D4342.</i></p> <p>-HUSKY B Copay 50% -Source: Provider Bulletin 2023-38</p> |
| <p>Removable Prosthetic –Full Denture (Requires PA)</p> | <p>5110-Full Upper D5899-4 Additional FQHC Encounter Code 5120-Full Lower D5899-4 Additional FQHC Encounter Code</p> | <p>Once per 7-year period- Relining or rebasing of existing dentures not more than once in any two-year period. Denture labeling for patients in long term care facilities (Fixed prosthetics-bridges are not covered)</p> <p>For clients 21 years of age or older-Denture prosthesis construction is limited to <u>one time per each seven-year period.</u></p> <p>Note: Clients will be required to sign an acceptance form attesting that he or she understands the new replacement policy and that his/her denture prosthesis is acceptable.</p> <p>A supply of the forms will be provided free of charge by the Connecticut Dental Health Partnership. When a client warrants replacement denture prosthesis, more than one time per seven (7) years, the additional denture procedure can be requested through the established prior authorization process.</p> <p><i>The prior authorization request must include a description that will justify the medical necessity for additional denture construction procedure(s). If the denture prosthesis was stolen or destroyed by a natural disaster or accidental event, then a copy of the original police, fire marshal or other responding official report must be included with the prior</i></p> |

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| | | <p><i>authorization request. The prior authorization request must also include a description and/or documentation that will justify the medical necessity for the replacement of the denture; dentures will not be replaced for cosmetic reasons.</i></p> <p><i>Denture adjustments are allowed after 6 months of the initial placement of the denture(s)</i></p> <p>-HUSKY B Copay 50%</p> <p>- Source: Provider Bulletin 11-61, AB Letter effective July 1, 2011 & CTDHP Provider Manual chapter 6, Provider Newsletter #8, Summer 2018</p> |
| <p>Removable Prosthetic –Partial Denture (Requires PA)</p> | <p>5211-Partial Upper Resin Based</p> <p>5212-Partial Lower Resin Based</p> <p>5213-Partial Upper Cast metal</p> <p>5214-Partial Lower Cast metal</p> <p>D5899-4 Additional FQHC Encounter Code – For all Above</p> | <p>Once per 7-year period limitation</p> <p>Does the client have any missing anterior teeth in the arch being considered?</p> <p>Is denture expected to be used for mastication on a daily basis? (If no, dentures are not covered for aesthetic purposes)</p> <p>Does the client have eight (8) or more natural teeth or restored posterior teeth in occlusion?</p> <p>Is there a treatment plan that includes extraction of any teeth in the arch being considered for a partial denture? (If yes, will the planned extractions result in the client having any missing anterior teeth or fewer than eight (8) or more natural or restored posterior teeth in occlusion? If no, partial dentures are not a covered benefit for clients retaining eight or more natural or restored posterior teeth in occlusion)</p> <p>Do the abutment teeth in the arch being considered for the partial denture in question each have a favorable prognosis free of periodontal involvement and free from root fracture(s) and sufficient crown structure remains to support the prosthesis? (If no, address existing conditions of potential abutment teeth prior to addressing authorization for a partial denture)</p> <p>For clients 21 years of age or older-Denture prosthesis construction is limited to <u>one time per each seven-year period</u></p> |

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| | | <p>Note: Clients will be required to sign an acceptance form attesting that he or she understands the new replacement policy and that his/her denture prosthesis is acceptable. A supply of the forms will be provided free of charge by the Connecticut Dental Health Partnership. When a client warrants replacement denture prosthesis, more than one time per seven (7) years, the additional denture procedure can be requested through the established prior authorization process. The prior authorization request must include a description that will justify the medical necessity for additional denture construction procedure(s). If the denture prosthesis was stolen or destroyed by a natural disaster or accidental event, then a copy of the original police, fire marshal or other responding official report must be included with the prior authorization request. The prior authorization request must also include a description and/or documentation that will justify the medical necessity for the replacement of the denture; dentures will not be replaced for cosmetic reasons.</p> <p><i>(PA submissions must include mounted pre-operative periapical, Pan or FMX (no bitewings) & complete charting of client's dentition including any planned extractions.)</i></p> <p>(Denture labeling is covered for patients in long term care facilities only.)</p> <p><i>Denture adjustments are allowed after 6 months of the initial placement of the denture(s)</i></p> <p>(Fixed prosthetics-bridges are not covered)</p> <p>-HUSKY B Copay 50%</p> <p>- Source: Provider Bulletin 11-61, AB Letter effective July 1, 2011 & CTDHP Provider Manual chapter 6, Provider Newsletter #8, Summer 2018</p> |
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| Denture Repairs | D5510-Repair of Broken Complete Denture Base | No longer covered under the HUSKY dental plan as of 12-31-2017 |
| | D5511-Repair of Broken Complete Denture Base Mandibular | Replaces D5510, effective 1-1-2018 |
| | D5512-Repair of Broken Denture Base Maxillary | Replaces D5510, effective 1-1-2018 Once per 2-year period limitation and is allowed after 6 months of the initial placement of the denture(s) |
| | D5520-Replace Missing or Broken Teeth-Complete | |
| | D5610-Repair Resin Denture Base | No longer covered under the HUSKY dental plan as of 12-31-17 |
| | D5611-Repair Resin Denture Base Mandibular | Replaces D5610, effective 1-1-2018 |
| | D5612-Repair Resin Denture Base Maxillary | Replaces D5610, effective 1-1-2018 |
| | D5620-Repair Cast Framework | No longer covered under the HUSKY dental plan as of 12-31-2017 Replaces D5620, effective 1-1-2018 |

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| | <p>D5214-Partial Lower Cast Metal</p> <p>D5899-1 Additional FQHC Encounter Code – For all Above</p> | <p>Dentures will only be replaced if the patient uses his dentures on a daily basis.</p> <p>For dentures to be considered for replacement, the following documentation must be submitted with the prior authorization:</p> <ul style="list-style-type: none"> • Attestation from the patient’s independent primary care or attending physician, on their letterhead, detailing the medical reasons and the medical necessity for the replacement appliance. It should detail any functional difficulties that the missing appliance has caused and affirm that a replacement appliance is necessary to ameliorate that specific condition. • For partial dentures, a full mouth series of x-rays or panoramic x-ray and complete charting of missing teeth on a standard ADA claim form. Also please note any planned restoration needs and/or extractions of remaining teeth. • For patient that state that their denture was stolen or lost during a personal altercation, a copy of the police report detailing the situation and denture loss. • If the client resides in a skilled nursing facility, please supply the following additional information: <ul style="list-style-type: none"> ○ Copies of the facility dietitian’s logbook records detailing any change of the appliance being considered for replacement. ○ Affirmation from the facility nursing director or other caretaker that the patient uses the dentures to eat and that the patient desires a replacement appliance. <p>Dentures will only be replaced on a one-time basis on a seven-year period. Loss of the replacement denture prosthesis more than one time in the seven-year limitation will not be benefited.</p> <p>-HUSKY B Copay 50% - Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| <p>Reline Dentures – Chairside</p> | <p>D5730-Reline Complete Maxillary Denture-Chairside</p> <p>D5731-Reline Complete Mandibular Denture-Chairside</p> <p>D5740-Reline Maxillary Partial</p> | <p>Once per 2-year period limitation and is allowed after 6 months of the initial placement of the denture(s)</p> <p>Prior authorization required for some specialties</p> |

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| <p><i>Only replant avulsed anterior tooth, not in conjunction with a root canal</i></p> <p><i>Only bone grafts, mandible, restricted to the replacement of bone previously removed by radical surgery procedure</i></p> | | |
| Fluoride Carrier | D5986 | <p>Effective September 1, 2014, prior authorization required for non-pediatric dentists. No age restriction applies.</p> <p>-No HUSKY B Copay</p> <p>-Source: 9-1-14 Dental Fee Schedule (Last updated 2-18-15)</p> |
| Simple Exodontias (Extractions) | D7140 – Extraction of Erupted Tooth or Exposed Root | <p>Covered for all permanent, primary and supernumerary teeth</p> <p>-HUSKY B Copay 20%</p> <p>- Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Surgical Exodontias (Extractions) | D7210 – Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth | <p>Covered for all permanent, primary and supernumerary teeth</p> <p><i>(Oral Surgeons are not required to submit prior authorization for surgical extractions)</i></p> <p>-HUSKY B Copay 33%</p> <p>- Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Impactions | D7220-Soft Tissue D7230-Partially Bony D7240-Completely Bony D7241-Completely Bony, with Unusual Surgical Complications | <p>Elective impactions require special consideration & x-rays supporting the need for service.</p> <p>Prior authorization Required</p> <p>D7240 - Requires x-ray</p> <p>-HUSKY B Copay 33%</p> <p>- Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</p> |
| Tooth Transplantation | D7270- Reimplant/Stabilize Tooth D7272-Tooth Transplantation (including reimplant) | <p>Restricted up to age 20</p> <p>Effective September 1, 2014, D7270 requires prior authorization</p> <p>-HUSKY B Copay 20%</p> <p>- Source: Provider Bulletin 2014-62, 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</p> |

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| Surgical Access of Unerupted Tooth | D7280 | Restricted up to age 20 For orthodontic reasons; not covered unless orthodontia has been pre-authorized -HUSKY B Copay 20% - Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual (section II, letter L) |
| Excisional biopsy of salivary gland | D7284 | Effective January 1, 2024 -HUSKY B Copay N/A - Source: Provider Bulletin 23-79 |
| Biopsy of Oral Soft Tissue | D7286 | Effective September 1, 2014 , requires pathology report and post review or prior authorization -HUSKY B Copay 20% -Source: Provider Bulletin 2014-62 |
| Alveoloplasty | D7320 | Service not performed in conjunction with a tooth extraction. Effective September 1, 2014 , PA required -HUSKY B Copay 20% -Source: Provider Bulletin 2014-62 |
| Excision of Lesion | D7410-Benign D7411-Benign D7412- Benign Complicated D7413-Malignant D7415-Malignant Complicated D7440-Malignant Complicated D7441- Malignant | Effective September 1, 2014 , all require pathology report and post review or prior authorization -HUSKY B Copay 20% -Source: Provider Bulletin 2014-62 |
| Removal of Benign Cyst/Tumor | D7450-Odontogenic D7451-Odontogenic D7460- | Effective September 1, 2014 , all require pathology report and post review or prior authorization |

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| | Nonodontogenic D7461- Nonodontogenic | -HUSKY B Copay 20% -Source: Provider Bulletin 2014-62 |
| Destruction of Lesion by Physical or Chemical Means | D7465 | Effective September 1 2014, requires post review or prior authorization -HUSKY B Copay 20% -Source: Provider Bulletin 2014-62 |
| Osteoplasty | D7940 D7941 D7944 D7945 | Requires PA -HUSKY B Copay 20% - Source: Chapter 7 of the CT DSS Dental Provider Manual |
| Excision of Pericoronal Gingiva | D7971 | Effective September 1.2014, requires post review -HUSKY B Copay 20% -Source: Provider Bulletin 2014-62 |
| Closure of Salivary Fistula | D7983 D7999-1 Additional FQHC Encounter Code | PA required by certain specialties -HUSKY B Copay 20% - Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual |
| Appliance Removal | D7997 | Appliance removal (not by the dentist who placed the appliance) includes removal of arch bar Requires post review and prior authorization from some dental specialties - Exceptions are: oral surgeons, prosthodontists, and public health dentists. Effective September 1, 2018, appliance removal will require prior authorization for orthodontists, general dentists or pediatric dentists who have been approved to provide orthodontic services to HUSKY Health members. The PA must include what type of device is being removed, why the device is being removed, and how long the device has been in the patient's mouth. -HUSKY B Copay 20% -Source: Fee schedule dated 8-26-2014, Provider Bulletin 2018-47 |

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| <p>Orthodontics (Required PA)</p> | <p>D8000-8999 D8660-Pre-Orthodontic Treatment D8670-Periodic Orthodontic Treatment D8696- Repair of Orthodontic Appliance-Maxillary D8697-Repair of Orthodontic Appliance-Mandibular D8692-Replacement of Orthodontic Retainer D8703-Replacement of Orthodontic Retainer-Maxillary D8704-Replacement of Orthodontic Retainer-Mandibular D8999-Unspecified Orthodontic Treatment</p> | <p>-HUSKY A, HUSKY C, HUSKY D Covered once per client per lifetime Treatment must be performed by an Orthodontist Limited to recipients under age 21- Therapy must be completed by the age of 21. Prior Authorization required Benefit- \$3198.21 Repair of Orthodontic Appliance-Maxillary and Mandibular-Codes/services effective 1-1-20 and are manually priced. This does not include repair of broken brackets. <u>Replacement of orthodontic retainer covered once per lifetime</u> Effective 1-1-20, D8692 not a valid code/service Replacement of Retainer-Maxillary, Mandibular-Code/Services effective 1-1-20 Orthodontic retainer replacement will require prior authorization for orthodontists, general dentists or pediatric dentists who have been approved to provide orthodontic services to HUSKY Health members. The PA must include how long the member has been without a retainer and the reason for the loss or breakage of the retainer. The PA must be submitted to the orthodontic coordinator. Orthodontic treatment must be medically necessary and authorized if one of the following conditions are met: <ul style="list-style-type: none"> • The client obtains 26 or more points on a correctly </p> | <p>-HUSKY B Covered once per client per lifetime Treatment must be performed by an Orthodontist Limited to recipients under age 19 No Prior Authorization required Benefit - \$725.00 Client is responsible for balance up to \$3198.21 Repair of Orthodontic Appliance-Maxillary and Mandibular-Codes/services effective 1-1-20 and are manually priced. This does not include repair of broken brackets. <u>HUSKY B Copay-20%</u> <u>Replacement of orthodontic retainer covered once per lifetime</u> Effective 1-1-20, D8692 not a valid code/service Replacement of Retainer-Maxillary, Mandibular-Codes/Services effective 1-1-20, HUSKY B Copay-20% Orthodontic retainer replacement will require prior authorization for orthodontists, general dentists or pediatric dentists who have been approved to provide orthodontic services to HUSKY Health members. The PA must include how long the member has been without a retainer and the reason for the loss or breakage of the retainer. The PA must be submitted to the orthodontic coordinator. Orthodontic treatment must be medically necessary and authorized if one of the following conditions are met:</p> |
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| | | <p>scored Malocclusion Severity Assessment; or:</p> <ul style="list-style-type: none"> • The client demonstrates that the requested treatment will significantly ameliorate a mental, emotional or behavioral condition associated with the client’s dental condition as certified by a licensed child psychologist/psychiatrist or: • The client presents evidence of a sever deviation affecting the mouth and /or underlying structures. <p>If the client does not satisfy any of the criteria set forth above, a determination is made as to whether the requested services are medically necessary under EPSDT provisions of the Medicaid Act. Under these provisions, orthodontia is approved if medically necessary for the relief of pain or infection, restoration of teeth or maintenance of dental health.</p> <p>-Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual, CTDHP Provider Manual chapter 6, Provider Bulletin 2016-45, Provider Bulletin 2018-47, Provider Bulletin 2019-87</p> | <ul style="list-style-type: none"> • The client obtains 26 or more points on a correctly scored Malocclusion Severity Assessment; or: • The client demonstrates that the requested treatment will significantly ameliorate a mental, emotional or behavioral condition associated with the client’s dental condition as certified by a licensed child psychologist/psychiatrist or: • The client presents evidence of a sever deviation affecting the mouth and /or underlying structures. <p>If the client does not satisfy any of the criteria set forth above, a determination is made as to whether the requested services are medically necessary under EPSDT provisions of the Medicaid Act. Under these provisions, orthodontia is approved if medically necessary for the relief of pain or infection, restoration of teeth or maintenance of dental health.</p> <p>-Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual, CTDHP Provider Manual chapter 6, Provider Bulletin 2016-45, Provider Bulletin 2019-87</p> |
| <p>Palliative (Emergency) Treatment of Dental Pain</p> | <p>D9110</p> | <p>Emergency treatment of dental pain-minor procedure Service requires submission of a post review and cannot be billed with any other procedure codes. -No HUSKY B Copay -Source: DXC/HP Fee Schedule</p> | |
| <p>Local Anesthesia</p> | | <p>It is not payable as a separate service & is included in other procedure codes.</p> | |

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| <p>General Surgical Anesthesia</p> | <p>D9220 D9221</p> | <p>Effective January 1, 2016, these services are no longer covered. Replaced by D9223.</p> |
| <p>General Surgical Anesthesia</p> | <p>D9223 – Deep Sedation/General Anesthesia -Each 15 Minute Increment</p> | <p>Covered for clients under the age of nine (prior to ninth birthday) or clients that have a demonstrated cognitive impairment/need such as autism, cerebral palsy, hyperactivity disorder or severe/profound developmental delay for behavior management related to the dental procedures to be performed</p> <p>Covered for clients ages nine to twenty solely for use where multiple oral surgical procedures are performed at the same visit and in cases where five or more extractions are performed or for removal of third molars</p> <p><i>Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services</i></p> <p><i>Not a covered benefit for clients twenty-one or over for the extraction of less than six (6) single teeth (excluding third molars) or for general dental treatment</i></p> <p><i>PA required for all specialties except for pedodontists, oral surgeons, and anesthesiologists</i></p> <p><i>-HUSKY B Copay is 20%</i></p> <p><i>- Source: Chapter 6 of CTDHP Provider Manual, DSS/DXC Communication</i></p> |
| <p>Analgesia, Anxiolysis, Inhalation of Nitrous Oxide “Laughing Gas”</p> | <p>D9230 –Analgesia, Anxiolysis Inhalation NO2</p> | <p>Covered for clients under the age of nine (9) (prior to ninth birthday), or clients of any age who have a diagnosis such as autism, cerebral palsy hyperactivity disorder or developmental delay with a demonstrated need for behavior management related to the dental procedures to be performed</p> <p>Nitrous covered for children up to age nine or of any age that has diagnosis of autism, hyperactivity disorder or severe/profound developmental delay with a demonstrated need for behavior management related to the dental procedures to be performed</p> |

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| | | <p>Note: For dates of service June 1st, 2013 and later, Pediatric Dentists using Nitrous Oxide for behavior management purposes are no longer required to receive prior authorization or post-procedure authorization in order to bill for this procedure code. Claims for D9230 may now be submitted directly to Hewlett-Packard (HP) for payment.</p> <p>Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services</p> <p>Not a covered benefit for clients twenty-one or over for general dental services</p> <p>-HUSKY B Copay 20% - Source: Chapter 6 of CTDHP Provider Manual</p> |
| <p>Intravenous Conscious Sedation</p> | <p>D9241 D9242</p> | <p>Effective January 1, 2016, these services are no longer covered. Replaced by D9243.</p> |
| <p>Intravenous Conscious Sedation</p> | <p>D9243- Intravenous Moderate(conscious) Sedation- Each 15 Minute Increment</p> | <p>Covered for clients under the age of nine (prior to the ninth birthday) or clients that have demonstrated cognitive impairment/need such as autism, cerebral palsy, or hyperactivity disorder or severe/profound developmental delay for behavior management related to the dental procedures performed.</p> <p>Covered for clients ages nine to twenty solely for use where multiple oral surgical procedures are performed at the same visit and in cases where five or more extractions are performed or for removal of third molars.</p> <p>Covered for clients twenty-one or over for extraction of third molars impacted or surgical.</p> <p>Not a covered benefit for clients twenty-one or over for the extraction of less than six (6) single teeth or for general dental treatment.</p> <p>PA required for all specialties except pedodontics, oral surgeons, and anesthesiologists. If a member does not meet the criteria, Prior Authorization and Post Review is available.</p> <p>If the patient will incur an out-of-pocket expense Informed consent must be obtained prior to delivering services.</p> <p>-HUSKY B Copay 20%</p> |

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| | | -Source: Chapter 6 of the CTDHP Provider Manual." |
| House/Extended Care Facility/Hospital Call | D9410-House/Extended Care Facility Call D9420-Hospital Call | The House/Extended Care facility call is limited to <u>only private practice dentists and public health hygienists</u> (i.e. not part of a clinic or a group) who provide care to clients external to the office or clinic environment. In the event that a private practice dentist is part of a professional corporation the service can be requested through the established prior authorization process. Effective August 1, 2015 , a prior authorization will no longer be required for D9410. -No HUSKY B Copay - Source: Provider Bulletin 11-61 |
| Patient Management | D9920 | Prior Authorization Required Covered only in cases of cognitive disabilities that are limited in their ability to understand directions and require additional time on part of the dentist to deliver services Provider must document specific diagnosis in patients record, must be moderate to severe or profound mental retardation. Provider must have signature of physician or professional staff member of the DMR attesting the authenticity of diagnosis. -HUSKY B Copay is 20% - Source: Chapter 7 of the CT DSS Dental Provider Manual |
| Fabrication of Athletic Mouth Guard | D9941 D9999-1 Additional FQHC Encounter Code | Covered one per client, per lifetime for clients under 21 who are enrolled in a contact sport Prior Authorization required- Provider must submit a letter from school or organization where child is enrolled in the sport. HUSKY B Copay-20% - Source: HP/EDS Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual |
| Occlusal "Night" Guards (By Report) | D9944-Hard, Full Arch D9945-Soft, Full Arch | Covered by Report Prior Authorization required for patients 21 years of age or older As of 12-31-18, D9940 not a valid occlusal guard code -HUSKY B Copay-20% - Source: HP/EDS Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2019- |

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| Reline Sleep Apnea Appliance | D9953 | Effective January 1, 2023 Limited to one time per 2 years per device -HUSKY B Copay-20% -Provider Bulletin 2022-101. |
| Periodontia | D4000 – D4999 | Not covered (exceptions for medical necessity in children (EPSDT) and adults considered) |
| Implants | D6000 – D6199 | Not covered |
| Cosmetic Dentistry | | Not covered |
| Vestibuloplasty | D7340, D7350 | Not covered |
| Cancelled or Missed Appointments | | Not covered Providers cannot charge clients for cancelled or missed appointments. -Source: Provider Bulletin 2015-5, January 2015 |
| Balance Billing | Seen most frequently with crowns, denture types and orthodontic treatment. | Providers cannot charge CMAP for a service, supply a higher quality or different service to a member and balance bill the member for the amount. i.e. all ceramic crowns, Valplast (flexible) dentures and Invisalign are the most common types of services. |

List of Codes Exempt from the Yearly Adult Benefit Maximum (For Internal Use Only)

D0412 – Blood Glucose level test

D1320 – Tobacco Counseling

D5110 – Complete Denture – Maxillary

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D5120 – Complete Denture – Mandibular

D5931 – Obturator Prosthesis Surgical

D5932 – Obturator Prosthesis Definitive

D7111 – Extraction – Coronal Remnants-Deciduous

D7261 – Primary closure of sinus perforation

D7260 – Oral Antral fistula closure

D7410 – Excision of benign lesion up to 1.25 cm

D7411-D7441 – Excision of malignant lesions

D7450-D7465 – Removal of benign cysts

D7510-D7521 – Incision and drainage of abscess

D7530-D7540 – removal of foreign body

D7630-D7871 – Surgical codes

D7910 – D7949 – Surgical codes

D9110 – Palliative treatment (Emergency)

D9410 – House/Extended Care facility call

D9420 – Hospital call

D9610 – Infusion of therapeutic drug single dose

D9613 – Infusion of sustain release therapeutic analgesic