CONNECTICUT DENTAL HEALTH PARTNERSHIP
the dental plan for HUSKY Health

Authorization Process for Dental Services

A Guide Specifically for Federally Qualified Health Center (FQHC) Dental Providers

FQHC dental providers are required to obtain authorization for certain dental procedures. Some approved services may also qualify for additional follow-up visits under the FQHC prospective payment system (PPS). This guide explains how to request authorization and how to bill for covered dental services with additional encounters.

When billing, FQHCs must submit:

- The appropriate ADA CDT procedure codes for the dental services provided, and
- The T1015 encounter code to receive the PPS encounter payment.

Certain approved procedures may allow payment for additional follow-up visits. This guide identifies:

- Services that require authorization,
- Which services qualify for additional encounters,
- The number of allowed follow-up visits, and
- The correct codes to bill for those visits.

FQHCs are responsible for billing all eligible encounters correctly.

For a complete list of services requiring prior authorization or post-procedure review, please refer to the current fee schedule and Provider Manual.

Example of an authorization and subsequent billing process of D2791 (Cast Metal Crown) for an adult HUSKY Member.

1. The FQHC submits a prior authorization request through the CTDHP provider portal. Required documentation includes:
    - A periapical x-ray of the tooth being restored
    - Complete dental charting
    - Identification of any teeth requiring extraction
2. CTDHP reviews the submission to confirm:
    - All required documents are included
    - Documents are matched to the correct member
    - The member meets age and benefit requirements

If information is missing or incorrect, the provider will be contacted to submit corrections before the request can move forward.

3. A CTDHP Dental Consultant reviews the request for medical necessity based on DSS policy guidelines. If criteria are met, the authorization is approved. If the request were to be denied, the provider will receive notice and the member will receive a Notice of Action to appeal the decision.

4. The approval notice is posted in the provider portal and sent to the claims administrator (Gainwell Technologies) for processing.

5. The provider may then submit claims for payment.

6. Approved services qualify for additional follow-up visits/encounters as outlined below.

Example: The PA approval data for this D2791 will comport with the additional encounter data noted below:

ADA Code	Description	PA/PR Required	Add'l Encounter Count	Add'l Encounter BR Code
D2791	Crown - Full Cast Predominantly Base Metal	PA	**2**	D2999

An approved client and provider specific PA will be loaded into the Gainwell system as follows:

ADA Code	UNITS of Service	From Date	To Date
D2791	1	Date of PA	Date of PA + 360 days
D2999	2	Date of PA	Date of PA + 360 days

Covered Dental Procedures

Authorization and Encounter Table

How to Read This Table

PR means Authorization Review is required to be obtained from Connecticut Dental Health Partnership **after** the service has been performed

PA means Prior Authorization is required to be obtained from Connecticut Dental Health Partnership **before** the service is performed

Addl Encounter Count is the number of by report codes that can be billed for subsequent visits

ADDL BR Code is the proper code to bill for subsequent visits

A designation of **PA** means Prior Authorization (PA) is required for all ages

<21 means Prior Authorization is required for patients **under the age of 21**
>21 means Prior Authorization is required for patients **21 years of age and older**

An empty cell means that Prior Authorization is **NOT required**

A listing of covered procedures with their respective PA and PR requirements is below.

ADA Code	Description	Add'l Encounter Count	Add'l BR Code	PA/PR Required
D0321	Other Temporomandibular Joint Films By Report			PA
D1204	Topical Application of Fluoride – Adult			PA
D1206	Topical Fluoride Varnish			>21
D1510	Space Maintainer – Fixed Unilateral	1	D1999	PA
D1515	Space Maintainer – Fixed Bilateral	1	D1999	PA
D1525	Space Maintainer – Removable Bilateral	2	D1999	PA
D2751	Crown – Porcelain/Base Metal	2	D2999	PA
D2791	Crown – Full Cast Predominantly Base Metal	2	D2999	PA
D2931	Prefabricated Stainless Steel Crown – Permanent			>21
D2950	Core Build-up Including Any Pins			PA
D2954	Prefabricated Post and Core			PA
D2999	Unspecified Restorative Procedure By Report			PA
D3310	Anterior RCT	1	D3999	>21
D3320	Bicuspid RCT	2	D3999	>21
D3330	Molar RCT	3	D3999	>21
D3346	Retreatment of Previous RCT – Anterior			PA
D3347	Retreatment of Previous RCT – Bicuspid			PA
D3348	Retreatment of Previous RCT – Molar			PA
D3351	Apexification/Recalcification			PA
D3410	Apicoectomy/Periraducular Surgery – Anterior			<21
D3421	Apicoectomy/Periraducular Surgery – Bicuspid			<21
D3425	Apicoectomy/Periraducular Surgery – Molar			<21
D3999	Unspecified Endodontic Procedure By Report			PA
D4210	Gingivectomy or Gingivoplasty – Four or More Teeth			>21
D4211	Gingivectomy or Gingivoplasty – One to Three Teeth			>21
D4999	Unspecified Periodontal Procedure By Report			PA
***D5110**	Complete Denture - Maxillary	4	D5899	PA
***D5120**	Complete Denture – Mandibular	4	D5899	PA
***D5211**	Upper Partial – Resin Base	4	D5899	PA
***D5212**	Lower Partial – Resin Base	4	D5899	PA
***D5213**	Maxillary Partial Denture – Cast Metal	4	D5899	PA
***D5214**	Mandibular Partial Denture – Cast Metal	4	D5899	PA
D5510	Repair Broken Complete Denture Base	1	D5899	
D5520	Replace Missing or Broken Teeth – Complete	1	D5899	PA
D5610	Repair Resin Denture Base	1	D5899	
D5620	Repair Cast Framework	1	D5899	
D5630	Repair or Replace Broken Clasp	1	D5899	

*If a Maxillary and Mandibular prosthesis are performed at the same time, a total of 6 additional units will be approved.

ADA Code	Description	Add'l Encounter Count	Add'l BR Code	PA/PR Required
D5640	Replace Broken Teeth – Per Tooth	1	D5899	PA
D5650	Add Tooth to Existing Partial Denture	1	D5899	
D5660	Add Clasp to Existing Partial Denture	1	D5899	
D5730	Reline Complete Maxillary Denture – Chairside	1	D5899	PA
D5731	Reline Complete Mandibular Denture – Chairside	1	D5899	PA
D5740	Reline Maxillary Partial Denture – Chairside	1	D5899	PA
D5741	Reline Mandibular partial Denture – Chairside	1	D5899	PA
D5750	Reline Complete Maxillary Denture	2	D5899	PA
D5751	Reline Complete Mandibular Denture	2	D5899	PA
D5760	Reline Maxillary Partial Denture	2	D5899	PA
D5761	Reline Mandibular Partial Denture	2	D5899	PA
D5899	Unspecified Removable Prosthodontic By Report			PA
D5931	Obturator Prosthesis Surgical	2	D5999	
D5932	Obturator Prosthesis Definitive	3	D5999	
D5999	Unspecified Maxillofacial Prosthesis By Report			PA
D6999	Unspecified Fixed Prosthodontic Procedure By Report			PA
D7272	Tooth Transplantation			PA
D7630	Mandible – Open Reduction			PA
D7671	Alveolus – Open Reduction			PR
D7710	Maxilla – Open Reduction			PR
D7720	Maxilla – Closed Reduction			PR
D7730	Mandible – Open Reduction			PR
D7740	Mandible – Closed Reduction			PR
D7750	Malar and/or Zygomatic Arch – Open Reduction			PR
D7760	Malar and/or Zygomatic Arch – Closed Reduction			PR
D7780	Facial Bones – Complicated Reduction			PR
D7810	Open Reduction of Dislocation			PR
D7840	Condylectomy			PR
D7865	Arthroplasty			PR
D7910	Suture of Recent Small Wounds up to 5 cm			PR
D7911	Complicated Suture – up to 5 cm			PR
D7912	Complicated Suture – greater than 5 cm			PR
D7940	Osteoplasty for Orthognathic Deformities			PA
D7941	Osteotomy – Mandibular			PA
D7944	Osteotomy – Segmented or Subapical			PA
D7945	Osteotomy – Body of Mandible			PA
D7946	Lefort I (Maxilla – Total)			PA
D7947	Lefort I (Maxilla – Segmented)			PA
D7948	Lefort II or Lefort III			PA

ADA Code	Description	Add'l Encounter Count	Add'l BR Code	PA/PR Required
D7949	Lefort II or Lefort III with Bone Graft			PA
D7960	Frenulectomy (Frenectomy or Frenotomy)			PA
D7972	Surgical Reduction of Fibrous Tuberosity	2	D7999	
D7983	Closure of Salivary Fistula	1	D7999	
D7999	Unspecified Oral Surgery Procedure By Report			PA
D8080	Comprehensive Ortho			PA
D8660	Pre-Orthodontic Visit			PA
D8670	Periodic Ortho Visit			PA
D8692	Replacement of Lost or Broken Retainer			PA
D8999	Unspecified Orthodontic Procedure By Report			PA
D9110	Palliative (Emergency) Treatment			PR
D9220	Deep Sedation/General Anesthesia – First 30 Minutes			PA
D9221	Deep Sedation/General Anesthesia-Each Add'l 15 Min			PA
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide			PA
D9241	Intravenous Conscious Sedation/Analgesia, First 30 Minutes			PA
D9242	Intravenous Conscious Sedation/Analgesia, Each Add'l 15 Min			PA
D9310	Consultation			PA
D9941	Fabrication of Athletic Mouthguard			PA
D9944	Occlusal Guards By Report		1	
D9945	Occlusal Guards By Report		1	
D9999	Unspecified Adjunctive Procedure By Report			PA

Dental Services Contacts

Member Services	855-283-3682 (855-CT-DENTAL)
Fax	860-674-8174
Prior Authorization (Pennsylvania)	888-445-6665
Sr. Director, Network Development and Professional Services	Michael Massarelli 860-507-2303
Network Development Team	Sue Wydra 860-507-2307
	Sue Napolitano 860-507-2328
	Norma Liistro 860-507-2319

Prior Authorizations and Post Procedure Authorizations

CT Medicaid Prior Authorizations
c/o Benecare / Dental Benefit Management
555 City Ave. Suite 600
Bala Cynwyd, PA 19004

J434 Standard ADA Benefit Form Accepted

Enrollment Documents

Gainwell Technologies
Provider Enrollment Unit
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