

Prior Authorization Appeals

Effective February 1, 2010, certain dental services are subject to prior authorization or post procedure reviews. CTDHP's dental consultants will review claims and accompanying documentation in order

to determine if requests for prior authorization or post procedure authorization agree with the Connecticut Department of Social Services Medical services Policy regulations pertaining to dental services and to community standards of care and professional best practices.



Administrative Denial Appeals

Administrative denials occur when the client is found to be ineligible for services due to administrative reasons such as the client is no longer enrolled in Medicaid or the client has not met the spend-down

amount needed to become enrolled in the Medical Assistance Program. Other reasons for administrative denials may even include reasons such as the failure to follow administrative procedures. An administrative appeal may be made in writing or via the telephone. Updated information provided may

result in the need for a prior authorization or post procedure review evaluation by the dental consultants. This should be brought to the attention of the representative handling the inquiry or documented in writing. The representative handling the inquiry will then determine if the request can be reviewed and what if any further documentation is required to complete a review of the request.

Turnaround time: Telephone inquiries that do not result in review of the request will be resolved immediately. If the administrative review has a clinical component upon receipt of all information deemed necessary and sufficient to render an evaluation or re-evaluation, the case will be sent to the dental consultants for review. Notification of the approval or the denial will be mailed within ten business days. The notification will state if the original determination was upheld or the decision was made to overturn the denial.

How to Appeal a Denied Request

When a prior authorization request is denied or a post procedure review is down-coded, your office has the availability of requesting a reconsideration of the PA or PR procedure. There is a process in place that must be followed. Most frequently, a PA or PR was denied because of the lack of information. Dentists wishing to appeal denial determinations may use the following process. Please note that the clients and the dentists have independent and different appeal rights. Clients only have the option to use the appeal protocols that are outlined in the Notices of Action (NOA) documentation that is mailed to them when a service is denied.

About Us



The State of Connecticut's publicly funded dental care programs, HUSKY A, HUSKY B, HUSKY C and HUSKY D, and Covered CT now have been combined into one dental plan: the Connecticut Dental Health Partnership - the Dental Plan for HUSKY Health (CTDHP). CTDHP oversees the dental plan for the Department of Social Services (DSS) HUSKY Health program which covers over 900,000 residents in Connecticut.

CTDHP Website

The Connecticut Dental Health
Partnership, the Dental Plan for HUSKY
Health has a useful and informative
website. Please go to www.ctdhp.org to
access provider resources, to upload
prior authorizations, verify client history,
download educational materials and
much more!

X-ray Submission

Please remember the CTDHP requires that all

radiographic images have proper labeling and dates of exposure prior to consultant review for Prior Authorization or Post Review. Additionally, when more than 5 periapical films are submitted, they must be properly mounted as well. Failure to provide proper labeling and dates of exposure will result in the delay of the review and the rejection of the PA request. Unmounted full mouth series will be

rejected as well. Please be sure the quality of the radiographs being

submitted for review are of diagnostic clarity. In cases where proper labeling and/or dates of exposure cannot be placed on the images, place all appropriate information in the remarks section of the claim form.

Survey Announcement



Beginning October 1st 2025, we will begin our annual provider survey. The survey can be completed online. When you sign in to the CTDHP

website you will be prompted to fill out the survey. Please take a few minutes to fill out the survey as it will help us refer the clients to a dental home that will fit their needs and avoid unnecessary telephone calls to your office.

News on Sedation

IV sedation for dentistry can provide significant

benefits for your patients with dental anxiety or those undergoing complex procedures. While it is generally safe, there is an alarming increase in the unnecessary use of sedation particularly for patients subjectively labeled as "challenging," teens, and children in need of basic dental treatments.

When you are considering making a request for sedation for a patient, you need to remember there are risks associated with the approach that does not take into account the

patient's age, immediate health status, allergies, cold or runny nose, body weight and potentially undiagnosed medical conditions.

These aforementioned conditions could lead to over-sedation, allergic reactions, nausea and vomiting, and disorientation. Patients with certain medical conditions, such as respiratory issues or heart problems may be at a higher risk for complications and a person's age and weight can impact responses to the sedation medications chosen or used for the procedures.

Anesthesia for dental treatments should not be provided because the patient or the guardian wants sedation. For general dental treatments, you should discourage the patient from opting for conscious intravenous sedation. Sometimes, this approach could cause irreparable harm.

Try other approaches such as nitrous oxide or pre-appointment anxiolytics in low doses. It may prove beneficial in the future when you treat a patient who does not react favorably to IV sedation.

CTDHP Provider Manual



The Connecticut Dental Health Partnership's provider manual has been updated. Please visit our website www.CTDHP.org to see the new format. The provider manual includes updated information about the plan and is searchable.

For full details please follow this LINK.

https://ctdhp.org/wp-content/uploads/2023/12/ Provider-Perio-Benefit-FAQs.pdf

If we can be of any help please reach out to us at 1-855-CTDental www.ctdhp.org

Promotion of the Medical Look Up Tool to Dental Providers

We have promoted this new resource as follows: (click on each link below)

- On 2/3/25, we announced the tool as a news item on ctdhp.org in the Provider News with instructions.
- Included in Jan/Feb Provider Newsletter Mailed Newsletter to Providers in February 2025
- Posted the Jan/Feb Newsletter on the website as well February 2025.
 The Website required Providers to read the newsletter twice in order to get to other information in the portal.
- Republished in Provider News 3/16/25.
- Added to the Provider Toolkit 3/16/25

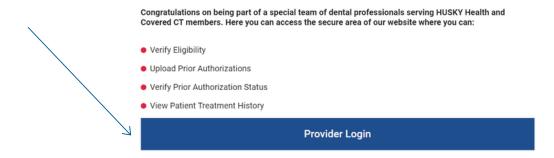
Member Medial Claims History Lookup

A patient's medical history is an important foundation for a dentist's diagnosis, treatment planning and prevention of potential complications. This tool is ideal to see if your adult patient does not need a PA for a second annual cleaning. And by being able to access HUSKY Health and Covered CT member medical histories, you can assess certain medical conditions that might influence the treatment decisions or impact post-operative care.

Running a Member Medical History Report

1

Once you've navigated to the Provider login page, click the **Provider Login** button.



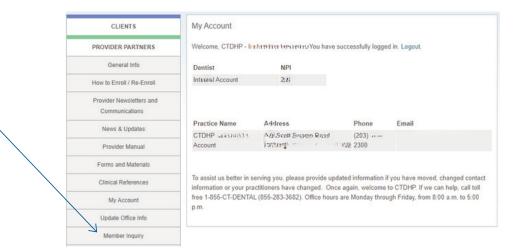
Running a Member Medical History Report

2

Enter in your Billing NPI Number and your Tax ID or SSN on the Provider Login portal; then click the **Login** button.



Once logged in to your account page, click the **Member Inquiry** tab on the left-hand side.

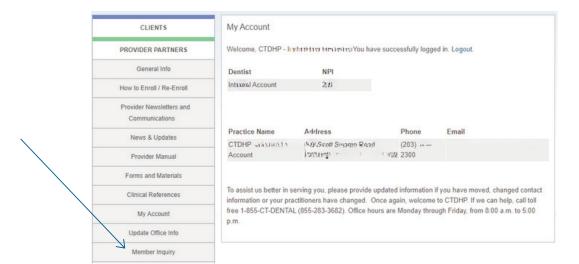


Under Add Member to Report, enter in the member's Client ID and Date of Birth; then, click Add Client.

Member Inquiry
To check on the status, dental treatment history, or medical history of patients, please input their Medicaid ID (from either their grey Connect Card, HUSKY Health Card, or Covered ID Card) and their date of birth. Eligibility is verified as of today's date and subject to change. Dental and Medical history relies on claims filled by dental and medical providers. There is usually a delay from the date of service until the claim is posted.
Add Member to Report: By entering the Member's information and selecting the report below, you confirm that you have proper written authorization from the Member to access their records.
Client ID: Date of Birth: Add Client

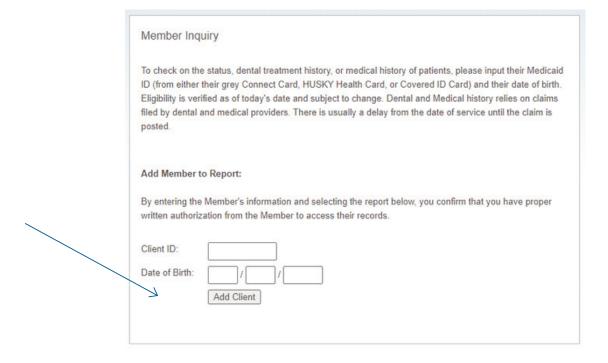
3

Once logged in to your account page, click the **Member Inquiry** tab on the left-hand side.

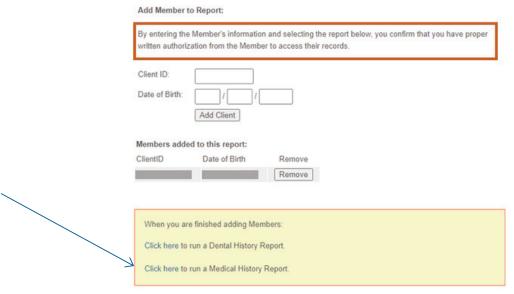


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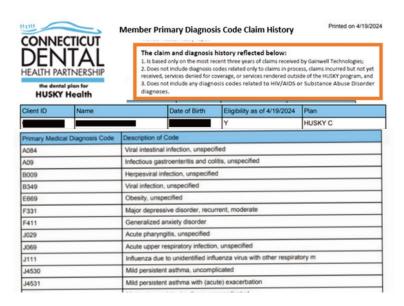
Under Add Member to Report, enter in the member's Client ID and Date of Birth; then, click Add Client.



To run a member inquiry, click the **Click Here** text in the yellow box at the bottom of the page for the Medical History Report.



Clicking this link will download a form with the member's Primary Diagnosis Code Claim History.



Remember: 3 year history only; Medicaid history only, not a conplete list and does not disclose HIV, AIDs or substance abuse claims.

Valuable information for your treatment decisions.

Quick Reference Contact Sheet for Dental Services

CT Dental Health Partnership Contact Information

(866) 420-2924
(855) 283-3682
(860) 674-8174
(888) 445-6665
(860) 507-2303
(860) 507-2307
(860) 507-2319
(860) 507-2328

<u>Prior Authorizations</u> and Post Procedure Authorizations:

CT Medicaid Prior-Authorizations

C/O Dental Benefit Management/Benecare 555 City Ave., Ste. 600 Bala Cynwyd, PA 19004

(888) 445-6665

Enrollment Documents:

Gainwell Technologies
Provider Enrollment Unit
P.O. Box 5007

Hartford, CT 06102-5007

ctproviderenrollment@gainwelltechnologies.com

J434 Standard ADA Claim Form Accepted



1-855-CTDental

www.ctdhp.org