

Dental Coverage Grid - Limitations by Program (Updated 4/1/25)

[* See FQHC Additional ADA Codes & Encounter Codes for more information regarding FQHCs](#)

“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.”

Procedure Service	Common ADA Codes	HUSKY A, B (Eligible to age 19), C, D & Covered CT
Periodic Oral Evaluation	D0120	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 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). 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> <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> 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.” Effective June 15, 2013, CTDHP 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> -No HUSKY B Copay -Source: Provider Bulletin 2011-61, 2014-62 & Chapter 7 of the CT DSS Dental Provider Manual

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Emergency or Limited - Oral Evaluation	D0140	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”. -No HUSKY B Copay <i>-Source: Provider Bulletin 2014-62 & Chapter 7 of the CT DSS Dental Provider Manual</i>
Comprehensive Oral Evaluation	D0150	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. -No HUSKY B Copay <i>-Source: Provider Bulletin 2011-61 & Chapter 7 of the CT DSS Dental Provider Manual</i>
Detailed & Extensive Oral Evaluation	D0160	-No HUSKY B Copay <i>-Source: DXC/HP Fee schedule & Chapter 7 of the CT DSS Dental Provider Manual</i>
Comprehensive Periodontal Evaluation	D0180	Limited one per client per lifetime. May not be performed on the same date of service as D0150. <i>For clients <21 years of age may qualify for additional evaluations under the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT).</i> <i>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.</i> -No HUSKY B Copay <i>-Source: Provider Bulletin 2023-38</i>
X-Ray-Intraoral, Complete Series (FMX,	D0210-Full Mouth Series	Intraoral, complete series (full mouth) consisting of at least ten (10) periapical films plus bitewings, limited to once per (36) months <i>Note: Under the HUSKY dental plan, a panoramic or a full mouth series is covered under the plan 1X per 36 months.</i>

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		-No HUSKY B Copay <i>-Source: Chapter 7 of the CT DSS Dental Provider Manual</i>
X-Ray-Periapical	D0220-1st Film D0230-Each Additional Film	Limited to four (4) radiographs per calendar year. Note: Periapicals are not covered on the same date of service as a full mouth series, a panoramic film, or lateral jaw films. 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. 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. Note: Periapical radiographs should not be taken for routine purposes. -No HUSKY B Copay <i>-Source: Provider Bulletin 2011-61 & Chapter 7 of the CT DSS Dental Provider Manual</i>
X-Ray-Bitewing	D0270-Single D0272-Two D0274-Four	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) -No HUSKY B Copay <i>-Source: Provider Bulletin 2011-61, & Chapter 7 of the CT DSS Dental Provider Manual -Provider Bulletin 2015-27</i>
Sialography	D0310	Effective September 1, 2014, no longer payable through HUSKY <i>-Source: Provider Bulletin 2014-62</i>
Other TMJ Films	D0321	Effective September 1, 2014, PA required -No Husky B Copay <i>-Source: Provider Bulletin 2014-62</i>

X-Ray-Panoramic	D0330-Panoramic Radiograph	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. Note: Under the HUSKY dental plan, either a panoramic x-ray or a full mouth series is covered under the plan 1x per 36 months. When a client has a documented need that warrants a panoramic radiograph, the service can be requested through the prior authorization process. -No HUSKY B Copay -Source: Provider Bulletin 2011-61, Chapter 6 in the CTDHP Provider Manual & Chapter 7 of the CT DSS Dental Provider Manual
Screening	D0425	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. -No HUSKY B Copay -Source Provider Bulletin 2014-62
Caries Risk Assessment (Primarily for Children)	D0601-Low Risk D0602-Moderate Risk D0603-High Risk	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. -No HUSKY B Copay -Source: Provider bulletin 2014-62, Provider Bulletin 2014-71, internal document- PDF 10-1-2014, entitled: Dental Caries Risk Assessment Screening Program for Children
Dental Prophylaxis "Prophy"	D1120 Pediatric D1110 Adult	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 Note: Includes cleaning, supra & sub gingival scaling & polishing

		<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> <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> 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.” Effective June 15th, 2013, CTDHP will no longer accept or process prior authorization requests for D1110 without a date of service. <u>Submissions for these procedures will be processed on a post-procedure review basis only.</u> -No HUSKY B Copay <i>-Source: Provider Bulletin 2011-61, Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual</i>
Topical Application of Fluoride-Adult & Children	D1206- Topical Varnish D1208-Topical Fluoride Application	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. 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) 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. Additional fluoride treatments may be granted via prior authorization if medically necessary. If a medical provider performs a D1206 it does not count against the dental benefit (frequency). -No HUSKY B Copay <i>-Source: DXC/HP Fee Schedule, 2015 CDT Update & Chapter 7 of the CT DSS Dental Provider Manual</i>

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Tobacco Counseling	D1320	Effective September 1, 2014 chart documentation required for this code 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. -No HUSKY B Copay <i>-Source: Provider Bulletin 2014-62</i>
Pit & Fissure Sealants	D1351	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 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. <i>-Source: Provider Bulletin 06-103, 09-25 & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2016-45, Provider Bulletin 2017-95</i>
Interim Caries Arresting Medicament	D1354	* Effective November 1, 2022, Primary Teeth (Teeth A through T), SDF may be applied one (1) time every four (4) months regardless of the tooth surface until the tooth nears exfoliation. For Permanent Teeth (Teeth 1 through 32), SDF may be applied one (1) time per tooth regardless of the tooth surface every four (4) months for a maximum of six (6) times per lifetime of the tooth/teeth. Additional applications may be prior authorized if medically necessary. Please refer to: Provider Bulletin 2022-73 Effective January 1, 2018, Interim Caries Arresting Medicament is covered four times a year per arch in 3-month intervals. Covered for children under 6 years of age; for children 6 years old and over and adults who have special healthcare needs. 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. PA is required for all provider types indicating the reasons for medical necessity. -No HUSKY B Copay

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		- 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 Prior Authorization (PA) is no longer required for the procedure code, D1354 Interim Caries Arresting Medicament as of November 1, 2022.
Space Maintainers	D1510-Fixed Unilateral D1999-1 Additional FQHC Encounter Code D1516-Fixed Bilateral, Maxillary D1517-Fixed Bilateral, Mandibular D1999-1 Additional FQHC Encounter Code D1526-Removable Bilateral, Maxillary D1527-Removable Bilateral, Mandibular D1575-Distal, Fixed Unilateral D1999-2 Additional FQHC Encounter Code	D1510 – Limit of 4 covered per lifetime - This includes the replacement of lost space maintainers. Prior authorization required for some specialties D1516/D1517 – Limit of 2 covered per lifetime - This includes the replacement of lost space maintainers. Prior authorization required for some specialties D1526/D1527 –Limit of 2 covered per lifetime - This includes the replacement of lost space maintainers. Prior authorization required for some specialties Limit of 4 covered per lifetime -This includes the replacement of lost space maintainers. Prior authorization required for some specialties As of 12-31-18, D1515 and D1525 are not valid space maintainer codes -HUSKY B Copay-33% -Source: DXC/HP Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2019-
Recementation of Space Maintainer	D1550 D1551-Maxillary D1552-Mandibular D1553-Unilateral Per Quad.	Effective 1-1-2020, D1550 not a valid code/service Recementation of Space Maintainer-Maxillary/Mandibular/Unilateral Per Quad. -Codes effective 1-1-20 Prior authorization required for some specialties for members under age 21 and required for any age by a Dental Anesthesiologist -HUSKY B Copay-20% -Source: DXC/HP Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2019-87
Removal of Fixed Space Maintainer	D1555 D1556-Unilateral Per Quad.	Effective 1-1-2020, D1555 not a valid code/service Removal of Fixed Space Maintainer-Unilateral Per Quad., Bilateral Maxillary and Bilateral Mandibular- Codes effective 1-1-20

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	D1557-Bilateral-Maxillary D1558-Bilateral-Mandibular	Prior authorization required for some specialties -HUSKY B Copay-33% <i>-Source: DXC/HP Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2019-87</i>
Restorations-Fillings Amalgams (Metal) (1-32, A-T)	D2140 – 1 Surface D2150 – 2 Surface D2160 – 3 Surface D2161 – 4 Surface	Effective August 1, 2016 , covered once per two years for same surface -no primary teeth which are about to come out 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. 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. 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. 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. 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. -HUSKY B Copay-20% <i>-Source: Provider Bulletin 09-25 & Chapter 7 under the CTDSSMAP website, Provider Bulletin 2016-45, CTDSSMAP/DXC Important Message, 8-6-18</i>
Restorations-Fillings Composite Resin (White)	Anterior: D2330 – 1 Surface D2331 – 2 Surface D2332 – 3 Surface D2335 – 4 Surface 6-11, 22-27, C-H, M-R	Effective August 1, 2016 , covered once per two years for same surface by same provider. No primary teeth which are about to come out. 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

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	Posterior: 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	replacement may result in recoupment of the initial restoration fee paid to the provider who performed the original restoration. 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. 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. 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. 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. -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
Fillings-Tooth surfaces Restricted to Specific Teeth	Buccal (B) Distal (D) Facial (F) Incisal (I) Lingual (L) Mesial (M) Occlusal (O)	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
		Effective October 1, 2014, claims will deny for invalid tooth number/tooth surface combination. -Source: Provider Bulletin 2014-62
Crown –Porcelain Fused to Predominantly Base Metal	D2751 - Anterior D2999-2 Additional FQHC Encounter Code	Crown – Porcelain fused to predominantly base metal – Anterior Teeth – Covered once per five years. Prior authorization required. • Does the tooth in question have a favorable prognosis? • Is tooth in question free of periodontal involvement?

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Anterior permanent teeth— Only covers: (Maxillary #4-13) (Mandibular #20-29) (Predominantly shows porcelain-anterior teeth)		• 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) <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> <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> -HUSKY B Copay 33% <i>-Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual & CTDHP Provider Manual Chapter 6</i>
Crown-Full Cast Predominantly Base Metal Permanent teethMaxillary - (1-3,14- 16) Mandibular- (17- 19,30-32) (Predominantly shows metal) (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.) (PA submissions must	D2791 D2999-2 Additional FQHC Encounter Code	Crown-Full cast predominantly base metal covered on permanent molars once per five-year limitation. Prior authorization required. • 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-wisdom teeth or bicuspid-4-5, 12-13, 21-20, 28-29 extracted for orthodontic therapy in the quadrant of the tooth to be treated?)

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include mounted preoperative periapical, Pan or FMX (no bitewings) & complete charting of client's dentition including any planned extractions.)		• 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 appears 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) -HUSKY B Copay 33% - Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual & CTDHP Provider Manual Chapter 6
Re-cement Inlay/Onlay	D2910	Prior authorization required for some specialties.
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%

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		<i>-Source: Provider Bulletin 2014-62</i>
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% <i>-Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</i>
Core Buildup	D2950	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. 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. <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> PA required -HUSKY B Copay 33% <i>-Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</i>
Pin Retention-Per Tooth in Addition to	D2951	-HUSKY B Copay 33% <i>-Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</i>
Application of Hydroxyapatite (HA) to carious lesion(s)	D2991	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. 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.

		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. -HUSKY B Copay N/A Note: This billing guidance doesn't apply to claims generated by federally qualified health centers (FQHCs). <i>-Source: Provider Bulletin 23-79</i>
Pulp Cap, Direct	D3110	Effective September 1, 2014, this procedure is restricted to members under the age of twenty-one. -HUSKY B Copay 20% <i>-Source: Provider Bulletin 2014-62</i>
Endodontic Therapy – Root Canal Anterior Teeth (#6-11 or 22-27)	D3310 – Anterior D3999-1 Additional FQHC Encounter Code	Once per tooth per Client per lifetime limitation • 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) Effective November 10, 2014, PA/PR is required for D3310 for all ages and for all dental specialties 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> -HUSKY B Copay 20% <i>-Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual & CTDHP Provider Manual Chapter 6, Interchange</i>
Endodontic Therapy – Root Canal Posterior Teeth	D3320 – Bicuspid D3999-2 Additional FQHC Encounter Code	Once per tooth per Client per lifetime limitation • 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)?

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(# 1-5, 12-16, 17-21, 28-32) (Requires PA)	D3330 – Molar D3999-3 Additional FQHC Encounter Code	- Does sufficient crown structure remain to restore tooth to function? - Does the client have intact dentition (other than third molars-wisdom teeth 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 appears 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.) 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> -HUSKY B Copay 20% <i>-Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual & CTDHP Provider</i>
Retreatment Root Canal Therapy	D3346 – Anterior D3347 - Premolar/Bicuspid D3348 - Posterior/Molar	Covered for clients under age 21 and prior authorization is required for all providers except Endodontists -HUSKY B Copay 20% <i>-Source: Provider Bulletin 09-25, Chapter 7 of the CT DSS Dental Provider Manual</i>
Apicoectomy/ Periradicular Surgery	D3410-Anterior D3421-Bicuspid D3425-Molar	Prior authorization is required for under age 21- Endodontists do not require prior authorization for these procedures -HUSKY B Copay 20% <i>-Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</i>
Apexification (Requires PA)	D3351-Initial Visit D3352-Intermediate Visit D3353-Final Visit	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% <i>-Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</i>
Gingivectomy or Gingivoplasty	D4210-Four or More Teeth	PA required for 21 & over For severe side effects caused by medication

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(Reposition forming tooth bud to another socket)	D4211-One to Three Teeth	-HUSKY B Copay 50% <i>-Source: Chapter 7 of the CT DSS Dental Provider Manual (section I, letter f)</i>										
Periodontal Scaling and Root Planing per Quadrant – 4 or more teeth	D4341 – Per Quadrant 4 or more 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 Designations											
	<table><tr><td><u>Code</u></td><td><u>Description</u></td></tr><tr><td><u>10</u></td><td><u>Upper Right Quadrant</u></td></tr><tr><td><u>20</u></td><td><u>Upper Left Quadrant</u></td></tr><tr><td><u>30</u></td><td><u>Lower Left Quadrant</u></td></tr><tr><td><u>40</u></td><td><u>Lower Right Quadrant</u></td></tr></table>	<u>Code</u>	<u>Description</u>	<u>10</u>	<u>Upper Right Quadrant</u>	<u>20</u>	<u>Upper Left Quadrant</u>	<u>30</u>	<u>Lower Left Quadrant</u>	<u>40</u>	<u>Lower Right Quadrant</u>	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.
	<u>Code</u>	<u>Description</u>										
	<u>10</u>	<u>Upper Right Quadrant</u>										
	<u>20</u>	<u>Upper Left Quadrant</u>										
<u>30</u>	<u>Lower Left Quadrant</u>											
<u>40</u>	<u>Lower Right Quadrant</u>											
	Note: No more than two combinations per quadrant per visit.											
	<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>											
	-HUSKY B Copay 50% <i>-Source: Provider Bulletin 2023-38</i>											
Periodontal Scaling and Root Planing per quadrant – 1 to 3 teeth	D4342 – Partial Quadrant 1 to 3 teeth	Covered for children under age 21 years regardless of medical condition.										
	Quadrant Designations	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>										
	<table><tr><td><u>Code</u></td><td><u>Description</u></td></tr><tr><td>10</td><td>Upper Right Quadrant</td></tr></table>	<u>Code</u>	<u>Description</u>	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						
<u>Code</u>	<u>Description</u>											
10	Upper Right Quadrant											

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	20	Upper Left Quadrant	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. 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. <i>No more than two combinations per quadrant per visit.</i> <i>All FQHCs are required to submit the same documentation for HUSKY and Covered CT members. One unit of each periodontal service 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 planing should be performed as one debridement encounter and one encounter for each periodontal scaling and root planing treatment.</i> -HUSKY B Copay 50% -Source: Provider Bulletin 2023-38
	30	Lower Left Quadrant	
	40	Lower Right Quadrant	
Full Mouth Debridement	D4355		Limited to one time per lifetime per member 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> HUSKY Health members under the age 21 years may qualify for additional debridement under EPSDT guidelines. Note: <i>No more than two combinations per quadrant per visit.</i> <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</i>

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		<i>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> -HUSKY B Copay 50% <i>-Source: Provider Bulletin 2023-38</i>
Periodontal Maintenance	D4910	Covered two times in a 12-month period for both children and adults. Requires prior authorization. Note: <i>Cannot be performed in conjunction with D0180, D4341 or D4342.</i> -HUSKY B Copay 50% <i>-Source: Provider Bulletin 2023-38</i>
Removable Prosthetic – Full Denture (Requires PA)	5110-Full Upper D5899-4 Additional FQHC Encounter Code 5120-Full Lower D5899-4 Additional FQHC Encounter Code	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) For clients 21 years of age or older-Denture prosthesis construction is limited to <u>one time per each seven-</u> Note: <i>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.</i> 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. <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 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> Denture adjustments are allowed after 6 months of the initial placement of the denture(s) -HUSKY B Copay 50%

		- Source: Provider Bulletin 11-61, AB Letter effective July 1, 2011 & CTDHP Provider Manual chapter 6, Provider Newsletter #8, Summer 2018
Removable Prosthetic – Partial Denture (Requires PA)	5211-Partial Upper Resin Based 5212-Partial Lower Resin Based 5213-Partial Upper Cast metal 5214-Partial Lower Cast metal D5899-4 Additional FQHC Encounter Code– For all Above	Once per 7-year period limitation Does the client have any missing anterior teeth in the arch being considered? Is denture expected to be used for mastication on a daily basis? (If no, dentures are not covered for aesthetic purposes) Does the client have eight (8) or more natural teeth or restored posterior teeth in occlusion? 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) 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) For clients 21 years of age or older - Denture prosthesis construction is limited to <u>one time per each</u> seven-year period 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. <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>

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		(Denture labeling is covered for patients in long term care facilities only.) <i>Denture adjustments are allowed after 6 months of the initial placement of the denture(s)</i> (Fixed prosthetics-bridges are not covered) -HUSKY B Copay 50% <i>- Source: Provider Bulletin 11-61, AB Letter effective July 1, 2011 & CTDHP Provider Manual chapter 6, Provider Newsletter #8, Summer 2018</i>
Denture Repairs	D5510-Repair of Broken Complete Denture Base D5511-Repair of Broken Complete Denture Base Mandibular D5512-Repair of Broken Denture Base Maxillary D5520-Replace Missing or Broken Teeth-Complete D5610-Repair Resin Denture Base D5611-Repair Resin Denture Base Mandibular D5612-Repair Resin Denture Base Maxillary D5620-Repair Cast Framework	No longer covered under the HUSKY dental plan as of 12-31-2017 Replaces D5510, effective 1-1-2018 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) No longer covered under the HUSKY dental plan as of 12-31-17 Replaces D5610, effective 1-1-2018 Replaces D5610, effective 1-1-2018 No longer covered under the HUSKY dental plan as of 12-31-17 Replaces D5620, effective 1-1-2018

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	D5621-Repair Cast Framework Mandibular D5622-Repair Cast Framework Maxillary D5640-Repair or Replace Broken Clasp D5650-Add Tooth to Existing Partial Denture D5660-Add Clasp to Existing Partial Denture	Replaces D5620, effective 1-1-2018 -HUSKY B Copay 20% <i>-Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual, Provider Newsletter #8, Summer 2018, 1-1-2018 Dental Fee Schedule (Last Updated 8-7-2018)</i>
Additional FQHC Encounter Code – For all of the Above	D5899-1 Additional FQHC Encounter Code – For all Above	-HUSKY B Copay 50% <i>-Source: Provider Bulletin 11-07, & Chapter 7 under the CTDSSMAP website</i>
Replacement of Missing or Broken Appliances (Requires PA)	D5211 Partial Upper Resin Based D5212 Partial Lower Resin Based D5213-Partial Upper Cast Metal D5214-Partial Lower Cast Metal D5899-1 Additional FQHC Encounter Code – For all Above	Once in 7-year limitation for replacement of full and partial dentures Claims will not be covered if dentures have been benefited for clients covered by the State of Connecticut Medicaid program for HUSKY, Medicaid Title XIX or Medicaid LIA in the past seven years. All denture replacements within seven-year frequency limitation will require prior authorization. Dentures will only be replaced if the patient uses dentures on a daily basis. For dentures to be considered for replacement, the following documentation must be submitted with the prior authorization: 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 patients who 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: - 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. Dentures will only be replaced on a one-time basis in a seven-year period. Loss of the replacement denture prosthesis more than one time in the seven-year limitation will not be benefited. -HUSKY B Copay 50% <i>-Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</i>
Reline Dentures – Chairside	D5730-Reline Complete Maxillary Denture- Chairside D5731-Reline Complete Mandibular Denture- Chairside D5740-Reline Maxillary Partial Denture- Chairside D5741-Reline Mandibular Partial Denture – Chairside	Once per 2-year period limitation and is allowed after 6 months of the initial placement of the denture(s) Prior authorization required for some specialties -HUSKY B Copay-20% <i>-Source: Chapter 7 of the CT DSS Dental Provider Manual, Provider Newsletter #8, Summer 2018</i>
Denture Reline – Chairside	D5899-2 Additional FQHC Encounter Code for D5730-D5741	-HUSKY B Copay 50% <i>-Source: Provider Bulletin 11-07, & Chapter 7 of the CT DSS Dental Provider Manual</i>
Reline Dentures – Laboratory	D5750- Reline Complete Maxillary Denture D5751- Reline Complete Mandibular Denture D5760- Reline Maxillary Partial Denture	Once per 2-year period limitation and is allowed after 6 months of the initial placement of the denture(s) Prior authorization required for some specialties -HUSKY B Copay 20% <i>-Source: Provider Bulletin 11-07, & Chapter 7 of the CT DSS Dental Provider Manual, Provider Newsletter #8, Summer 2018</i>

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	D5761- Reline Mandibular Partial Denture	
Obturator Prosthesis	D5931-Surgical D5999-2 Additional FQHC Encounter Code	-HUSKY B Copay 20% D5999-MP Code-HUSKY B Copay 50% <i>-Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</i>
Obturator Prosthesis	D5932-Definitive D5999-3 Additional FQHC Encounter Code	-HUSKY B Copay 20% D5999-Manually Priced Code-HUSKY B Copay 50% <i>-Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</i>
Oral Surgery Limitations: <i>Only Sutures of lacerations of mouth in accident cases only & not cases incidental to and connected with dental surgery</i> <i>Gingivectomy only for severe side effects caused by medication</i> <i>Only replant avulsed anterior tooth, not in conjunction with a root canal</i> <i>Only bone grafts, mandible, restricted to the replacement of bone previously removed by radical surgery procedure</i>		
Fluoride Carrier	D5986	Effective September 1, 2014 , prior authorization required for non-pediatric dentists. No age restriction applies. -No HUSKY B Copay <i>-Source: 9-1-14 Dental Fee Schedule (Last updated 2-18-15)</i>
Simple Exodontias (Extractions)	D7140 – Extraction of Erupted Tooth or Exposed Root	Covered for all permanent, primary and supernumerary teeth -HUSKY B Copay 20% <i>-Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</i>
Surgical Exodontias (Extractions)	D7210 – Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth	Covered for all permanent, primary and supernumerary teeth (Oral Surgeons are not required to submit prior authorization for surgical extractions) -HUSKY B Copay 33% <i>-Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</i>
Impactions	D7220-Soft Tissue D7230-Partially Bony D7240-Completely Bony D7241-Completely Bony, with Unusual Surgical Complications	Elective impactions require special consideration & x-rays supporting the need for service. Prior authorization Required D7240 - Requires x-ray -HUSKY B Copay 33% <i>-Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</i>

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Tooth Transplantation	D7270-Reimplant/Stabilize Tooth D7272-Tooth Transplantation (including reimplant)	Restricted up to age 20 Effective September 1, 2014 , D7270 requires prior authorization -HUSKY B Copay 20% <i>-Source: Provider Bulletin 2014-62, 09-25 & Chapter 7 of the CT DSS Dental Provider Manual</i>
Surgical Access of Unerrupted Tooth	D7280	Restricted up to age 20 For orthodontic reasons; not covered unless orthodontia has been pre-authorized -HUSKY B Copay 20% <i>-Source: Provider Bulletin 09-25 & Chapter 7 of the CT DSS Dental Provider Manual (section II, letter L)</i>
Excisional biopsy of salivary gland	D7284	Effective January 1, 2024 -HUSKY B Copay N/A <i>-Source: Provider Bulletin 23-79</i>
Biopsy of Oral Soft Tissue	D7286	Effective September 1, 2014 , requires pathology report and post review or prior authorization -HUSKY B Copay 20% <i>-Source: Provider Bulletin 2014-62</i>
Alveoloplasty	D7320	Service not performed in conjunction with a tooth extraction. Effective September 1, 2014 , PA required -HUSKY B Copay 20% <i>-Source: Provider Bulletin 2014-62</i>
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% <i>-Source: Provider Bulletin 2014-62</i>
Removal of Benign Cyst/Tumor	D7450-Odontogenic D7451-Odontogenic D7460- Nonodontogenic D7461- Nonodontogenic	Effective September 1, 2014 , all require pathology report and post review or prior authorization -HUSKY B Copay 20% <i>-Source: Provider Bulletin 2014-62</i>

Destruction of Lesion by Physical or Chemical Means	D7465	Effective September 1 2014 , requires post review or prior authorization -HUSKY B Copay 20% <i>-Source: Provider Bulletin 2014-62</i>	
Osteoplasty	D7940 D7941 D7944 D7945	Requires PA -HUSKY B Copay 20% <i>- Source: Chapter 7 of the CT DSS Dental Provider Manual</i>	
Excision of Pericoronal Gingiva	D7971	Effective September 1.2014 , requires post review -HUSKY B Copay 20% <i>-Source: Provider Bulletin 2014-62</i>	
Closure of Salivary Fistula	D7983 D7999-1 Additional FQHC Encounter Code	PA required by certain specialties -HUSKY B Copay 20% <i>-Source: Provider Bulletin 09-25, & Chapter 7 of the CT DSS Dental Provider Manual</i>	
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% <i>-Source: Fee schedule dated 8-26-2014, Provider Bulletin 2018-47</i>	
Orthodontics (Required P	D8000-8999 D8660-Pre- Orthodontic Treatment D8670-Periodic Orthodontic Treatment D8696- Repair of Orthodontic Appliance-Maxillary D8697-Repair of Orthodontic	HUSKY A, HUSKY C, HUSKY D Covered once per client per lifetime Treatment must be performed by an Orthodontist Limited to recipients under age of 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.	HUSKY B Treatment must be performed by an Orthodontist Limited to recipients under age 19. No Prior Authorization required. Allowance - \$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. HUSKY B Copay-20%

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	Appliance-Mandibular D8692-Replacement of Orthodontic Retainer D8703-Replacement of Orthodontic Retainer-Maxillary D8704-Replacement of Orthodontic Retainer-Mandibular D8999-Unspecified Orthodontic Treatment	Replacement of orthodontic retainer covered once per lifetime 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: • 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 severe deviation affecting the mouth and /or underlying structures. 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	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: • 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 severe deviation affecting the mouth and /or underlying structures. 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
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		pain or infection, restoration of teeth or maintenance of dental health. <i>-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</i>	pain or infection, restoration of teeth or maintenance of dental health. <i>-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</i>
Palliative (Emergency) Treatment of Dental Pain	D9110	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 <i>-Source: DXC/HP Fee Schedule</i>	
Local Anesthesia		It is not payable as a separate service & is included in other procedure codes.	
General Surgical Anesthesia	D9220 D9221	Effective January 1, 2016 , these services are no longer covered. Replaced by D9223.	
General Surgical Anesthesia	D9222 – Deep Sedation/General Anesthesia - First 15 minutes D9223 – Deep Sedation/General Anesthesia -Each 15 Minute Increment	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 <i>Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services</i> <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> <i>PA required for all specialties except for pedodontists, oral surgeons, and anesthesiologists</i> -HUSKY B Copay is 20% <i>-Source: Chapter 6 of CTDHP Provider Manual, DSS/DXC Communication</i>	
Analgesia, Anxiolysis, Inhalation of Nitrous Oxide “Laughing Gas”	D9230 – Analgesia, Anxiolysis Inhalation NO2	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	

		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 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 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. Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services Not a covered benefit for clients twenty-one or over for general dental services -HUSKY B Copay 20% <i>-Source: Chapter 6 of CTDHP Provider Manual</i>
Intravenous Conscious Sedation	D9241 D9242	Effective January 1, 2016 , these services are no longer covered. Replaced by D9243.
Intravenous Conscious Sedation	D9239 – Intravenous Moderate (conscious) Sedation / Analgesia – First 15 Minutes D9243 - Intravenous Moderate (conscious) Sedation- Each 15 Minute Increment	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. 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. Covered for clients twenty-one or over for extraction of third molars impacted or surgical. 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. 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. If the patient will incur an out-of-pocket expense Informed consent must be obtained prior to delivering services. -HUSKY B Copay 20% <i>-Source: Chapter 6 of the CTDHP Provider Manual.</i>

House/Extended Care Facility/Hospital Call	D9410-House/Extended Care Facility Call	The House/Extended Care facility call is limited to only private practice dentists and public health hygienists (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 <i>-Source: Provider Bulletin 11-61</i>
	D9420-Hospital Call	
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% <i>-Source: Chapter 7 of the CT DSS Dental Provider Manual</i>
Fabrication of Athletic Mouth Guard	D9941	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% <i>-Source: HP/EDS Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual</i>
	D9999-1 Additional FQHC Encounter Code	
Occlusal “Night” Guards (By Report)	D9944-Hard, 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% <i>-Source: HP/EDS Fee Schedule & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2019-</i>
	D9945-Soft, Full Arch	
Reline Sleep Apnea Appliance	D9953	Effective January 1, 2023 Limited to one time per 2 years per device -HUSKY B Copay-20% <i>-Source: Provider Bulletin 2022-101.</i>
Implants	D6000 – D6199	Not covered
Cosmetic Dentistry		Not covered
Vestibuloplasty	D7340, D7350	Not covered

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Dental Benefit Limitations

Rev. 1.30. 07/18/2024 and 12/26/24 and 4/1/25, 10/24/25, and 11/12/25

Cancelled or Missed Appointments		Not covered Providers cannot charge clients for cancelled or missed appointments. <i>-Source: Provider Bulletin 2015-5, January 2015</i>
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

D5120 – Complete Denture – Mandibular

D5931 – Obturator Prosthesis Surgical

D5932 – Obturator Prosthesis Definitive

D7111 – Extraction – Coronal Remnants-Deciduous

D7260 – Oral Antral fistula closure

D7261 – Primary closure of sinus perforation

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

Change History – 4/1/25 Changes – include: updates to: X-Ray-Periapical section, Interim Caries Arresting Medicament section, added link, some spelling/punctuation corrections and a removal of a line that had been crossed out.

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Dental Benefit Limitations

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