

Provider Regulation Workshop



Mike Massarelli,
Senior Director
Network Development and Professional Services

Agenda

- Meet the Team
- Helpful Resources
 - Provider Landing Page
 - What Provider's Need to Know
 - Provider Benefit Resource Tool
 - How To Videos
 - Fee Schedule
- Questions
- Thank You for Attending

Follow Along



Meet the Team

	MEMBER SERVICES	(855-CT-DENTAL) 855-283-3682
	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 Authorization and Post Procedure Authorizations:

CT Medicaid Prior Authorizations
CO/Dental Benefit Management/BeneCare
555 E. City Ave., Ste. 600
Bala Cynwyd, PA 19004

Enrollment Documents:

Gainwell Technologies
Provider Enrollment Unit
P.O. Box 5007
Hartford, CT 06102-5007

CTproviderenrollment@gainwelltechnologies.com

Helpful Resources

Resource	Link	Step-by-Step Guides
CTDHP Main Website	https://ctdhp.org	
CTDHP Fee Schedule	https://ctdhp.org/dental-fee-schedule/pdf/	
Dental Provider Manual	https://ctdhp.org/provider-manual/	
CTDHP Provider Benefit Resource Tool	https://ctdhp.org/provider-benefit-resource/	<u>How To Use the Provider Benefit Resource Tool</u>
CTDHP Secure Provider Portal	https://ctdhp.org/dental-providers/login/	
Provider Authorization Submission		<u>Submitting a Prior Authorization Request</u>
Periodontal Authorization Submission		<u>Submitting an Orthodontic or Periodontic Prior Authorization Request</u>
Orthodontia Authorization Submission		
Member Eligibility Look Up		<u>How To Check Member Eligibility and Dental Treatment History</u>
Member Dental Treatment History Look Up		
Member Medical Claims History Look Up		<u>How To Access Medical Claims History Report</u>
Checking Authorization Status		<u>How To Check Prior Authorization and Post Procedure Review Requests</u>
CTDHP Secure Oral Health Navigation Referral Portal	https://ctdhp.org/refer-a-client/	

Provider Landing Page

Search

About

Translate



Members ▾Dental Providers ▾Community Partners ▾Medical Partners ▾Reports / DataContact

IN EFFECT AS OF OCTOBER 1, 2026

2026 Dental Regulations - Providers' Hub

The Connecticut Dental Health Partnership (CTDHP) is here to help HUSKY Health Members achieve and maintain good oral health. Learn more about the dental benefits and resources available to assist Dental Providers navigate participation in the HUSKY Health Dental program as they guide our patients to better oral health. Learn more about the administrative tools we provide to assist your office.

Last updated: 10/1/2026

There have been recent changes to the Husky Health dental benefit.

As a result, the HUSKY Health Dental Fee Schedule and Provider Manual have been updated. What you need to know:

CTDHP is excited to announce the **Provider Benefit Resource** (PBR), a new tool specifically developed to assist your office in benefit determination. Additionally, we have updated the **Fee Schedule** and Provider Manual to reflect the changes set forth by the new dental regulations. Please follow the links to discover the new benefit design.

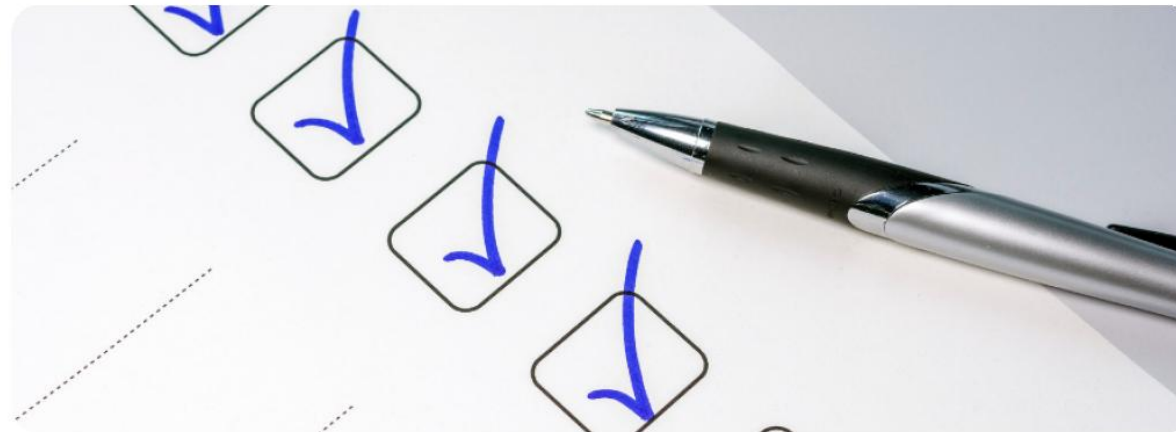
The more commonly performed dental services that have changed are listed below; please see additional resources below to identify all the updates.

ctdhp.org/dental-regulations-providers/

What Providers Need to Know Flyer



What Your Practice Needs to Know



NEW

Provider Benefit Resource Tool

Recent DSS updates affect several key service areas, including **Dentures**, **Endodontic Procedures**, **Crowns**, **Sedation**, and **Preventive** services. In the past, you would have to go to many sources to get guidance.

Not any more.

CTDHP is introducing the new **Provider Benefit Resource Tool**. The tool is built for exactly this kind of change—you can instantly verify covered services, frequency limits, prior authorization requirements, and other details directly from your phone or desktop.

Try it now at ctdhp.org/provider-benefit-resource/, or scan the QR code.



What Providers Need to Know Flyer

There are a variety of changes that have been implemented in the new Dental Regulations, and this document serves to highlight them in digestible way. Please refer to the following items, and as always, refer to the Policy Bulletin for more information.

You may also find regulations related information on <https://ctdhp.org/dental-regulations-providers/>

POLICY UPDATES

Category	What's Changing
Preventive Care	- Dental Sealants are now covered from ages 5 to 20. - Topical Fluoride is now covered for adults (over the age of twenty-one (21)).
Dentures	- Coverage guidelines for partial and full dentures have been revised. - Rebasing of dentures is now covered once every 24 months.
Crowns	- Crown replacement timeline has been extended from seven (7) to ten (10) years. - Coverage guidelines for crowns have been revised
Endodontic Procedures	- Coverage guidelines for root canals have been revised - Retreatment of root canals is now covered for adults who meet criteria
Orthodontic Procedures	Children ages zero through twenty (0-20) who do not qualify based on orthodontic scoring guidelines but have documentation from a licensed behavioral health provider who can attest to the child being in active care and orthodontia will support resolving the behavioral health condition may qualify.
Periodontic Procedures	Adults (over the age of twenty-one (21)) with certain medical diagnoses and treatable periodontal disease may now be eligible for periodontic therapy. Qualifying diagnosis and medical treatment include patients with Diabetes Type I and Type II, Heart Valve Disorders, Endocarditis, patients receiving certain chemotherapy and radiation for head, neck, and throat cancer, patients who are post-transplant, patients with End Stage Renal Disease, and patients with Epilepsy/Seizure Disorder(s).
Sedation	- Coverage guidelines for IV Sedation and GA have changed to include use for adults receiving specific dental procedures under certain circumstances. - Nitrous oxide is now covered for children and adults who have a documented diagnosis of anxiety, behavioral health, cognitive disorder, or medical condition(s) which prevents the member from receiving care safely.
Oral Surgery	New codes have been added to the fee schedule to reduce the need for submission of "by report code"; most codes are oral surgery services.

Provider Benefit Resource Tool



Members ▾

Dental Providers ▾

Community Partners ▾

Medical Partners ▾

Reports / Data

Contact

Prior Authorization Tag Color Legend

Not all providers have the same Prior Authorization Rules. To help clarify what type of Prior Authorization is needed for each provider, we have applied colored tags next to the provider type.

PA Required

Prior Authorization required for all ages

PA 0-20

Prior Authorization required for patients ages 0–20

PA 21+

Prior Authorization required for patients 21 and older

PR Required

Post Review required

No tag

No authorization required for that provider specialty

Search:

Category of Service	Procedure Code	Procedure Description	Adult Fee	Children Fee	HUSKY B Copay	Authorization Required by Provider Type?	Authorization Rules?
> Diagnostic	D0120	PERIODIC ORAL EVALUATION - ESTABLISHED P	\$22.75	\$34.30	NA	No	No
> Diagnostic	D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSE	\$31.20	\$47.04	NA	Yes	Yes
> Diagnostic	D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$42.45	\$63.70	NA	Yes	Yes
> Diagnostic	D0160	DETAILED AND EXTENSIVE ORAL EVALUATION -	\$32.50	\$49.00	NA	Yes	Yes
> Diagnostic	D0180	COMPREHENSIVE PERIODONTAL EVALUATION-NEW OR ESTAB PATIENT	\$97.00	\$97.00	NA	No	No
> Diagnostic	D0191	ASSESSMENT OF A PATIENT	\$35.00	\$35.00	NA	No	No
> Diagnostic	D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	\$65.65	\$98.98	NA	Yes	Yes
> Diagnostic	D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$12.35	\$18.62	NA	Yes	Yes
> Diagnostic	D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$11.05	\$16.66	NA	No	Yes

How to Videos for On-Demand Learning

How To Videos

For On-Demand Learning



Provider Manual: How To Videos

by Connecticut Dental Health Partnership

Playlist • 6 videos • 8 views

▶ Play all

How To Video

Provider Benefit Resource Tool



0:41

How To Use the Provider Benefit Resource Tool

Connecticut Dental Health Partnership

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How To Video

Submitting a Prior Authorization Request



3:14

Submitting a Prior Authorization Request

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How To Video

Submitting an Orthodontic or Periodontic Prior Authorization Request



3:52

Submitting an Orthodontic or Periodontic Prior Authorization Request

Connecticut Dental Health Partnership

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How To Video

Check Member Eligibility and Dental Treatment History



1:09

How To Check Member Eligibility and Dental Treatment History

Connecticut Dental Health Partnership

5 views • 1 month ago

How To Video

Member Medical History Report



1:19

How To Access Medical Claims History Report

Connecticut Dental Health Partnership

2 views • 1 month ago

How To Video

Checking Prior Authorization / Post Procedure Review Status



1:05

How To Check Prior Authorization and Post Procedure Review Requests

Connecticut Dental Health Partnership

2 views • 1 month ago

[Provider Manual: How To Videos YouTube Playlist](#)

Fee Schedule

1	Proc Code	Proc Code	Adult Fee Schedule	Children Fee Schedule	Husky B Copay	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics	FQHC
72	D2544	CAST METAL ONLAYS PLACED ON PREMOLAR TEETH	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
73	D2642	PORCELAIN OR CERAMIC ONLAY COVERING TWO TOOTH SURFACES	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
74	D2643	PORCELAIN OR CERAMIC ONLAY COVERING THREE OR MORE SURFACES	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
75	D2644	PORCELAIN OR CERAMIC ONLAY COVERING FOUR OR MORE SURFACES OF A SINGLE POSTERIOR TOOTH AND COVERS AT LEAST ONE CUSP.	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
76	D2662	AMALGAM TWO SURFACES POSTERIOR TOOTH RESTORATION	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
77	D2663	PORCELAIN OR CERAMIC ONLAY THREE OR MORE SURFACES OF A POSTERIOR TOOTH RESTORATION	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
78	D2664	PORCELAIN OR CERAMIC RESTORATION USED TO A TOOTH HAS EXTENSIVE DAMAGE TO CHEWING SURFAC COVERING 4 OR MORE SURFACES OF TOOTH NOT REQUIRING A FULL CROWN.	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
79	D2740	PORCELAIN OR ALL CERAMIC SINGLE TOOTH CROWN	\$523.25	\$788.90	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
80	D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$523.25	\$788.90	33%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	>21	PA	PA	PA	PA	PA	NA		PA	PA
81	D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$455.00	\$686.00	33%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	>21	PA	PA	PA	PA	PA	NA	PA	PA	PA
82	D2910	RE-CEMENT OR RE-BOND INLAY ONLAY VENEER OR PARTIAL COVERAGE RESTORATION	\$18.20	\$27.44	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			

ctdhp.org/dental-fee-schedule/pdf/

Questions?

Thank You for Attending!

Contact Us

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