



Connecticut Medical Assistance Program
 Policy Transmittal 2018-22

Provider Bulletin 2018-47
 August 2018

Roderick L. Bremby, Commissioner

Effective Date: September 1, 2018
 Contact: Donna Balaski, DMD

TO: All Dental Providers, Dental Clinics and Federally Qualified Health Centers
RE: Addition of Prior Authorization Requirements for Two Dental Codes

Effective for dates of service September 1, 2018 and forward, the Department of Social Services (DSS) is placing Prior Authorization (PA) requirements on two (2) Healthcare Common Coding Procedure System (HCPCS) Current Dental Terminology (CDT) codes.

Beginning September 1, 2018 and forward, the following codes will require PA for orthodontists, general dentists or pediatric dentists who have been approved to provide orthodontic services to HUSKY Health members.

CDT/CPT Code	Description Summary
D7997	Appliance Removal (Not by Dentist Who Placed Device Appliance or Archbar)
D8692	Replacement of Lost or Broken Retainer

When requesting PA for D7997 (Appliance Removal Not by Dentist Who Placed Appliance), please identify what type of device(s) are being removed and specify the reason why the device is being removed as part of the request. The request should also include how long the device(s) have been inserted in the member's mouth.

When requesting PA for the CDT code D8692 (Replacement of Lost or Broken Retainer), the time the member has been without a retainer and the reason for the loss or breakage of the retainer should be included with the PA documentation.

PA for either CDT procedure code should be submitted to BeneCare Dental Plans, at the Philadelphia, Pennsylvania office through the usual methods; this may be electronically using the www.ctdhp.com Web site or via the U.S. Postal Service in hard copy format.

To electronically upload a PA request, follow the steps outlined below:

1. Access the www.ctdhp.com Web site and click on "**Provider Partners**" and click on "**Provider Login.**"
2. Enter your Billing NPI and Tax ID numbers in the appropriate boxes and click on "**Submit.**"
3. A new screen will appear, click on "**Prior Authorization Upload.**"
4. Follow instructions for the prior authorization or post procedure review requests.

Hard copy submissions for non-orthodontic services except for D8692 that require PA should be sent to the following address:

Prior Authorization
C/O BeneCare Dental Plans
P.O. Box 40109
Philadelphia, PA 19106-0109

PA requests that are approved will be valid for twelve months from the date of issue.

Verifying Prior Authorization Status Electronically

PA approval status may be verified via the CT Medical Assistance Program (CMAP) Web Portal at www.ctdssmap.com. Providers can log onto their secure Web account and access the “PA inquiry link” on the right hand side to access the Prior Authorization Inquiry or select “Prior Authorization” on the Menu Bar. Providers can search for PA approvals by the client ID if notification from CTDHP with the PA number has not yet been received. Providers may also verify the PA approval by entering the letter "B" followed by the PA number provided by CTDHP.

Please refer to the fee schedule to determine the specific applicability of PA requirements by dental specialty.

Accessing the Fee Schedules:

The adult and pediatric dental fee schedules can be accessed and downloaded by logging onto the Connecticut Medical Assistance Program Web site: www.ctdssmap.com.

From this Web page, go to “***Provider***”, then to “***Provider Fee Schedule Download***”. Click on the “***I accept***” button and proceed to click on the “***Dental***” fee schedule (Adult or Pediatric). To access the CSV file, press the control key while clicking the CSV link, then select “***Open***”.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the DXC Technology Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

The CTDHP posts a copy of the adult and pediatric fee schedules on their Web site: www.ctdhp.com.

Posting Instructions: Policy transmittals can be downloaded from www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

Responsible Unit: DSS, Division of Health Services, Integrated Care, Dental Unit, Donna Balaski, D.M.D. at (860) 424-5342 or donna.balaski@ct.gov.

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