



**TO: All Dental Providers**

**RE: Updated Prior Authorization Requirement for Frenulectomies for Children**

This provider bulletin is to inform all dental providers of new requirements pertaining to Frenulectomies, Frenuectomies and Frenotomies. Current Dental Terminology (CDT) code D7960, Frenulectomies, Frenuectomies & Frenotomies will require prior authorization (PA) with documentation for dates of service on or after August 1, 2019 for all HUSKY A, B, C and D members under two (2) years of age.

All dental providers shall include the following with the PA request: (1) documentation from the member's physician demonstrating medical necessity in accordance with Connecticut General Statutes § 17b-259b; and (2) a photograph of the frenum that requires surgical treatment.

Upon review of the request, if the Connecticut Dental Health Partnership (CTDHP) agrees that the Frenulectomy, Frenuectomy & Frenotomy services are medically necessary, as defined in section 17b-259b of the Connecticut General Statutes, the CTDHP will approve the request and the Connecticut Medical Assistance Program (CMAP) will pay for the service.

**Please refer to Provider Bulletin 2019-24 for details about how to submit PA requests. The process for submitting PA requests is also contained in the CTDHP provider manual or providers can call CTDHP Provider Relations at 1-888-445-6665 for more information.**

Please note, under Connecticut Agencies Regulations § 17b-262-531(j), "a provider shall not charge an eligible CMAP member, or any financially responsible relative or representative of that individual, for the cost of goods or services which are covered and payable under the CMAP." For questions about billing or if further assistance is needed to access the fee schedule on the CMAP 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.