



**TO: All Federally Qualified Health Center (FQHC) Dental Clinics**

**RE: Clarification of PB 22 – 45**

The purpose of this policy bulletin is to restate and clarify [PB 22 – 45](#) which affirms the procedures (stated in Section 239 of PA 22)-that are normally included in a periodic dental visit.

*The standards of care taught within the Commission of Dental Accreditation to be performed during a periodic dental visit include:*

- Examination
- Prophylaxis
- Fluoride Treatments
- Radiographs/Diagnostic Imaging\*
- Sealant Placement
- Counseling – oral health, tobacco, and nutritional counseling

\* If medically necessary, according to the periodicity schedule and the standards of care established by the American Academy of Pediatric Dentistry (AAPD), the American Dental Association (ADA) and the Advanced Education in General Dentistry (AEGD).

The National Library of Medicine reports the inclusion of the four services – examination, prophylaxis, diagnostic imaging if appropriate and fluoride treatment during a periodic dental visit/exam.

National Library of Medicine:  
<https://medlineplus.gov/lab-tests/dental-exam/>

Federally Qualified Health Centers (FQHC) should ensure that HUSKY members are scheduled appropriately in the dental clinics to adhere to performing a new patient or periodic dental visit in one appointment time slot in conjunction with prophylaxis, radiographs/diagnostic imaging, and fluoride treatments, rather than unbundling the services.

**DSS supports following the standards of care to be performed during a periodic dental visit:**

- Examination**
- Prophylaxis**
- Fluoride Treatment**
- Radiographs/Diagnostic Imaging \***

Despite FQHC efforts to provide all of the services performed in a periodic dental visit following the prevailing standards of care, there may be instances where HUSKY Health members may not be able to tolerate remaining in a dental chair for the duration of the time required to receive said services. Examples of where these circumstances that prevent delivering all of the periodic visit services may exist, include but are not limited to a patient who has Type I/II Diabetes Mellitus and has a hypoglycemic episode; a person who has asthma and is unable to breathe and may/may not be having an asthma exacerbation formerly known as an “asthma attack”; the HUSKY Health member (or patient) develops left arm or chest pain while undergoing the procedures in a periodic dental visit; and a woman who is pregnant cannot tolerate being in the reclined position.

In these aforementioned examples provided, it is prudent to stop treatment before all services can be completed. In these examples as with other potential instances, the reasons to stop services is of medical necessity (Sec. 17b-259b. "Medically necessary" and "medical necessity" defined). Please see Policy Bulletin [PB 11 – 36](#).

Reasons of medical necessity allows for the periodic dental visit services to be divided into

two visits. The reason(s) for stopping the dental treatment before the services can be completed must be clearly documented in the patient's dental record/chart, and in order to get paid for the following visit, a Post Procedure Review (PPR) request (the first visit has already taken place) should be submitted to BeneCare Dental Plans, the administrator of the Connecticut Dental Health Partnership (CTDHP) for approval. BeneCare will review and issue a PA as they do for any other service that requires a PA or PPR.

To electronically upload a P A o r P P R request, follow the steps outlined below:

1. Access the [www.ctdhp.com](http://www.ctdhp.com) Website and click on "**Dental Providers**" 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 that require PA or PPR should be sent to the following address:

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

### **Verifying PAs and PPRs Status Electronically**

You may verify the PA status via the CT Medical Assistance Program Web Portal at [www.ctdssmap.com](http://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 approvals by the client ID if notification from CTDHP with the PA/PPR 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.

**Posting Instructions:** Policy transmittals can be downloaded from:  
[www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This provider bulletin is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

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