

Dental Coverage Limitations by Program

➤ **See FQHC Additional ADA Codes & Encounter Codes for more information regarding FQHC's**

Procedure Service	Common ADA Codes	HUSKY A	HUSKY B (Eligible to age 19)	HUSKY C & HUSKY D
Dental Home-	<p><i>“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.”</i></p>			
Periodic Oral Evaluation	D0120	<p>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</p> <p>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).</p> <p>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></p> <p><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></p> <p>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”.</p> <p>Effective June 15th, 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></p>		

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		-No HUSKY B Copay
Emergency or Limited - Oral Evaluation	D0140	<p>Effective September 1, 2014, both children and adults will now be eligible for only four problem focused evaluations per calendar year.</p> <p>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”.</p> <p>-No HUSKY B Copay</p>
Comprehensive Oral Evaluation	D0150	<p>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</p> <p>Note: When a client changes providers, an additional comprehensive examination service can be requested through the established prior authorization process.</p> <p>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.</p> <p>-No HUSKY B Copay</p>
Detailed & Extensive Oral Evaluation	D0160	-No HUSKY B Copay
X-Ray-Intraoral, Complete Series (FMX, Full Mouth Series)	D0210-Full Mouth Series	<p>Intraoral, complete series (full mouth) consisting of at least ten (10) periapical films plus bitewings, limited to once per (36) months</p> <p>Note: Under the HUSKY dental plan, a panoramic <u>or</u> a full mouth series is covered under the plan 1X per 36 months.</p> <p>-No HUSKY B Copay</p>

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<p>X-Ray-Periapical</p>	<p>D0220-1st Film D0230-Each Additional Film</p>	<p>Limited to four (4) radiographs per 365-day period</p> <p>Note: <i>Periapicals are not covered on the same date of service as a full mouth series, a panoramic film, or lateral jaw films.</i></p> <p>If the number of films billed will exceed the fee of full mouth series, a full mouth series should be billed.</p> <p>Example: <i>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.</i></p> <p>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.</p> <p>-No HUSKY B Copay</p>
<p>X-Ray-Bitewing</p>	<p>D0270-Single D0272-Two D0274-Four</p>	<p>Effective May 1, 2015, for clients <21 years of age-limited to 1 bitewing procedure allowed per client once per calendar year</p> <p>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)</p> <p>-No HUSKY B Copay</p>
<p>Sialography</p>	<p>D0310</p>	<p>Effective September 1, 2014, no longer payable through HUSKY</p>
<p>Other TMJ Films</p>	<p>D0321</p>	<p>Effective September 1, 2014, PA required</p> <p>-No Husky B Copay</p>

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X-Ray-Panoramic	D0330-Panoramic Radiograph	<p>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.</p> <p>Note: Under the HUSKY dental plan, either a panoramic x-ray <u>or</u> a full mouth series is covered under the plan 1x per 36 months.</p> <p>When a client has a <u>documented need that warrants a panoramic radiograph</u>, the service can be requested through the prior authorization process.</p> <p>-No HUSKY B Copay</p>
Caries Susceptibility Screening	D0425	<p>Prior Authorization is required for the specialties that are allowed to bill for this procedure. 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.</p> <p>Providers should follow the EPSDT guidelines in the provider manual.</p> <p>-No HUSKY B Copay</p>
Caries Risk Assessment (Primarily for Children)	D0601-Low Risk D0602-Moderate Risk D0603-High Risk	<p>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.</p> <p>-No HUSKY B Copay</p>
Dental Prophylaxis "Prophy"	D1120 Pediatric D1110 Adult	<p>For clients <21 years of age-limited to one per client per 6-month period</p> <p>For clients 21 years of age or older-limited to one per client per calendar year</p>

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		<p>Note: Includes cleaning, supra & sub gingival scaling & polishing</p> <p>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.</p> <p>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.</p> <p>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”.</p> <p>Effective June 15th, 2013, CTDHP will no longer accept or process prior authorization requests for D1110 without a date of service. Submissions for these procedures will be processed on a post-procedure review basis only.</p> <p>-No HUSKY B Copay</p>
<p>Topical Application of Fluoride-Adult & Children</p>	<p>D1206- Topical Varnish D1208-Topical Fluoride Application</p>	<p>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.</p> <p>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)</p> <p>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.</p> <p>Additional fluoride treatments may be granted via prior authorization if medically necessary.</p> <p>If a medical provider performs a D1206 it does not count against the dental benefit (frequency).</p> <p>-No HUSKY B Copay</p>

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Tobacco Counseling	D1320	<p>Effective September 1, 2014 chart documentation required for this code</p> <p>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.</p> <p>-No HUSKY B Copay</p>
Pit & Fissure Sealants	D1351	<p>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</p> <p>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.</p>
Interim Caries Arresting Medicament	D1354	<p>Effective January 1, 2018, Interim Caries Arresting Medicament is covered four times a year per arch in 3-month intervals.</p> <p>Covered for children under 6 years of age; for children 6 years old and over and adults who have special healthcare needs.</p> <p>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.</p> <p>PA is required for all provider types indicating the reasons for medical necessity.</p> <p>-No HUSKY B Copay</p>
Space Maintainers	<p>D1510-Fixed Unilateral D1999-1 Additional FQHC Encounter Code</p> <p>D1516-Fixed Bilateral, Maxillary</p>	<p>D1510 – Limit of 4 covered per lifetime - This includes the replacement of lost space maintainers. Prior authorization required for some specialties</p> <p>D1516/D1517 – Limit of 2 covered per lifetime - This includes the replacement of lost space maintainers. Prior authorization required for some specialties</p>

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	<p>D1517-Fixed Bilateral, Mandibular D1999-1 Additional FQHC Encounter Code</p> <p>D1526-Removable Bilateral, Maxillary D1527-Removable Bilateral, Mandibular D1575-Distal, Fixed Unilateral D1999-2 Additional FQHC Encounter Code</p>	<p>D1526/D1527 –Limit of 2 covered per lifetime - This includes the replacement of lost space maintainers. Prior authorization required for some specialties</p> <p>Limit of 4 covered per lifetime -This includes the replacement of lost space maintainers. Prior authorization required for some specialties</p> <p>As of 12-31-18, D1515 and D1525 are not valid space maintainer codes -HUSKY B Copay-33%</p>
<p>Recementation of Space Maintainer</p>	<p>D1550 D1551-Maxillary D1552-Mandibular D1553-Unilateral Per Quad.</p>	<p>Effective 1-1-2020, D1550 not a valid code/service</p> <p>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 Anesthesthesiologist -HUSKY B Copay-20%</p>
<p>Removal of Fixed Space Maintainer</p>	<p>D1555 D1556-Unilateral Per Quad. D1557-Bilateral-Maxillary D1558-Bilateral-Mandibular</p>	<p>Effective 1-1-2020, D1555 not a valid code/service</p> <p>Removal of Fixed Space Maintainer-Unilateral Per Quad., Bilateral Maxillary and Bilateral Mandibular-Codes effective 1-1-20</p> <p>Prior authorization required for some specialties</p> <p>-HUSKY B Copay-33%</p>

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<p>Restorations-Fillings Amalgams (Metal) (1-32, A-T)</p>	<p>D2140 – 1 Surface D2150 – 2 Surface D2160 – 3 Surface D2161 – 4 Surface</p>	<p>Effective August 1, 2016, covered once per two years for same surface -no primary teeth which are about to come out</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>-HUSKY B Copay-20%</p>
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<p>Restorations-Fillings Composite Resin (White)</p>	<p>Anterior: D2330 – 1 Surface D2331 – 2 Surface D2332 – 3 Surface D2335 – 4 Surface 6-11, 22-27, C-H, M-R 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</p>	<p>Effective August 1, 2016, covered once per two years for same surface by same provider-no primary teeth which are about to come out</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>-HUSKY B-20% Copay</p>
<p>Fillings-Tooth surfaces Restricted to Specific Teeth</p>	<p>Buccal (B) Distal (D) Facial (F) Incisal (I) Lingual (L) Mesial (M)</p>	<p>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</p>

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	Occlusal (O)	Effective October 1, 2014 , claims will deny for invalid tooth number/tooth surface combination.
<p>Crown –Porcelain Fused to Predominantly Base Metal</p> <p>Anterior permanent teeth– Only covers: (Maxillary #4-13) (Mandibular #20-29)</p> <p>(Predominantly shows porcelain-anterior teeth)</p>	<p>D2751 - Anterior</p> <p>D2999-2 Additional FQHC Encounter Code</p>	<p>Crown –Porcelain fused to predominantly base metal – Anterior Teeth – Covered once per five year. Prior authorization required.</p> <ul style="list-style-type: none"> • 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? • 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) <p><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></p> <p><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></p> <p>-HUSKY B Copay 33%</p>

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<p>Crown-Full Cast Predominantly Base Metal</p> <p>Permanent teeth- Maxillary - (1-3,14-16) Mandibular-(17-19,30- 32)</p> <p>(Predominantly shows metal)</p> <p><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></p> <p><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></p>	<p>D2791</p> <p>D2999-2 Additional FQHC Encounter Code</p>	<p>Crown-Full cast predominantly base metal covered on permanent molars once per five-year limitation. Prior authorization required.</p> <ul style="list-style-type: none"> • 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-<i>wisdom teeth</i> 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 <u>appears</u> 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) <p>-HUSKY B Copay 33%</p>
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Re-cement Inlay/Onlay Re-cement Crown	D2910 D2920	Prior authorization required for some specialties. -HUSKY B Copay 20%
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%
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%
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%

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Core Buildup	D2950	<p>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.</p> <p>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.</p> <p><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></p> <p>PA required</p> <p>-HUSKY B Copay 33%</p>
Pin Retention-Per Tooth in Addition to	D2951	-HUSKY B Copay 33%
Pulp Cap, Direct	D3110	<p>Effective September 1, 2014, this procedure is restricted to members under the age of twenty-one.</p> <p>-HUSKY B Copay 20%</p>

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<p>Endodontic Therapy – Root Canal</p> <p>Anterior Teeth</p> <p>(#6-11 or 22-27)</p>	<p>D3310 - Anterior</p> <p>D3999-1 Additional FQHC Encounter Code</p>	<p>Once per tooth per Client per lifetime limitation</p> <ul style="list-style-type: none"> • 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) <p>Effective November 10, 2014, PA/PR is required for D3310 for all ages and for all dental specialties except FQHCs. See current fee schedule.</p> <p><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></p> <p>-HUSKY B Copay 20%</p>
<p>Endodontic Therapy – Root Canal</p> <p>Posterior Teeth</p> <p>(# 1-5, 12-16, 17-21, 28-32)</p>	<p>D3320 - Bicuspid</p> <p>D3999-2 Additional FQHC Encounter Code</p> <p>D3330 - Molar</p>	<p>Once per tooth per Client per lifetime limitation</p> <ul style="list-style-type: none"> • 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?

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(Requires PA)	D3999-3 Additional FQHC Encounter Code	<ul style="list-style-type: none"> • Does the client have intact dentition (other than third molars-<i>wisdom teeth</i> 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 <u>appears</u> 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.) <p>Effective November 10, 2014, all specialties require prior authorization/post review for all ages for D3320, D3330 except FQHCs. See current fee schedule</p> <p><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></p> <p>-HUSKY B Copay 20%</p>
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
Apicoectomy/ Periraduclar Surgery	D3410-Anterior D3421-Bicuspid D3425-Molar	Prior authorization is required for under age 21- Endodontist do not require prior authorization for these procedures
Apexification (Requires PA)	D3351-Initial 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

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	D3352-Intermediate Visit D3353-Final Visit	-HUSKY B Copay 20%
Gingivectomy or Gingivoplasty (Reposition forming tooth bud to another socket)	D4210-Four or More Teeth D4211-One to Three Teeth	PA required for 21 & over For severe side effects caused by medication -HUSKY B Copay 50%
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-year period.</u> 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. <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%

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Removable Prosthetic – Partial Denture (Requires PA)	5211-Partial Upper Resin Based	Once per 7-year period limitation
	5212-Partial Lower Resin Based	Does the client have any missing anterior teeth in the arch being considered?
	5213-Partial Upper Cast metal	Is denture expected to be used for mastication on a daily basis? (If no, dentures are not covered for aesthetic purposes)
	5214-Partial Lower Cast metal	Does the client have eight (8) or more natural teeth or restored posterior teeth in occlusion?
	D5899-4 Additional FQHC Encounter Code – For all Above	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 seven-year period</u>
		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

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

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	<p>D5621-Repair Cast Framework Mandibular</p> <p>D5622-Repair Cast Framework Maxillary</p> <p>D5640-Repair or Replace Broken Clasp</p> <p>D5650-Add Tooth to Existing Partial Denture</p> <p>D5660-Add Clasp to Existing Partial Denture</p>	<p>Replaces D5620, effective 1-1-2018</p> <p>Replaces D5620, effective 1-1-2018</p> <p>-HUSKY B Copay 20%</p>
Additional FQHC Encounter Code – For all of the Above	D5899-1 Additional FQHC Encounter Code – For all Above	-HUSKY B Copay 50%
Replacement of Missing or Broken Appliances (Requires PA)	<p>D5211 Partial Upper Resin Based</p> <p>D5212 Partial Lower Resin Based</p> <p>D5213-Partial Upper Cast Metal</p>	<p>Once in 7-year limitation for replacement of full and partial dentures</p> <p>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.</p> <p>All denture replacements within seven-year frequency limitation will require prior authorization.</p>

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	<p>D5214-Partial Lower Cast Metal</p> <p>D5899-1 Additional FQHC Encounter Code – For all Above</p>	<p>Dentures will only be replaced if the patient uses his dentures on a daily basis.</p> <p>For dentures to be considered for replacement, the following documentation must be submitted with the prior authorization:</p> <ul style="list-style-type: none"> • 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 patient that 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: <ul style="list-style-type: none"> ○ 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. <p>Dentures will only be replaced on a one-time basis on a seven-year period. Loss of the replacement denture prosthesis more than one time in the seven-year limitation will not be benefited.</p> <p>-HUSKY B Copay 50%</p>
<p>Reline Dentures – Chairside</p>	<p>D5730-Reline Complete Maxillary Denture- Chairside</p> <p>D5731-Reline Complete Mandibular Denture- Chairside</p> <p>D5740-Reline Maxillary</p>	<p>Once per 2-year period limitation and is allowed after 6 months of the initial placement of the denture(s)</p> <p>Prior authorization required for some specialties</p>

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	Partial Denture- Chairside D5741-Reline Mandibular Partial Denture – Chairside	-HUSKY B Copay-20%
Denture Reline – Chairside	D5899-2 Additional FQHC Encounter Code for D5730-D5741	-HUSKY B Copay 50%
Reline Dentures – Laboratory	D5750- Reline Complete Maxillary Denture D5751- Reline Complete Mandibular Denture D5760- Reline Maxillary Partial Denture D5761- Reline Mandibular 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%
Obturator Prosthesis	D5931-Surgical D5999-2 Additional FQHC Encounter Code	-HUSKY B Copay 20% D5999-MP Code-HUSKY B Copay 50%
Obturator Prosthesis	D5932-Definitive D5999-3 Additional FQHC Encounter Code	-HUSKY B Copay 20% D5999-Manually Priced Code-HUSKY B Copay 50%
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>		

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<p><i>Only replant avulsed anterior tooth, not in conjunction with a root canal</i></p> <p><i>Only bone grafts, mandible, restricted to the replacement of bone previously removed by radical surgery procedure</i></p>		
Fluoride Carrier	D5986	<p>Effective September 1, 2014, prior authorization required for non-pediatric dentists. No age restriction applies.</p> <p>-No HUSKY B Copay</p>
Simple Exodontias (Extractions)	D7140 – Extraction of Erupted Tooth or Exposed Root	<p>Covered for all permanent, primary and supernumerary teeth</p> <p>-HUSKY B Copay 20%</p>
Surgical Exodontias (Extractions)	D7210 – Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth	<p>Covered for all permanent, primary and supernumerary teeth</p> <p><i>(Oral Surgeons are not required to submit prior authorization for surgical extractions)</i></p> <p>-HUSKY B Copay 33%</p>
Impactions	<p>D7220-Soft Tissue</p> <p>D7230-Partially Bony</p> <p>D7240-Completely Bony</p> <p>D7241-Completely Bony, with Unusual Surgical Complications</p>	<p>Elective impactions require special consideration & x-rays supporting the need for service.</p> <p>Prior authorization Required</p> <p>D7240 - Requires x-ray</p> <p>-HUSKY B Copay 33%</p>
Tooth Transplantation	<p>D7270-Reimplant/Stabilize Tooth</p> <p>D7272-Tooth Transplantation (including reimplant)</p>	<p>Restricted up to age 20</p> <p>Effective September 1, 2014, D7270 requires prior authorization</p> <p>-HUSKY B Copay 20%</p>

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Surgical Access of Unerupted Tooth	D7280	Restricted up to age 20 For orthodontic reasons; not covered unless orthodontia has been pre-authorized -HUSKY B Copay 20%
Biopsy of Oral Soft Tissue	D7286	Effective September 1, 2014 , requires pathology report and post review or prior authorization -HUSKY B Copay 20%
Alveoloplasty	D7320	Service not performed in conjunction with a tooth extraction. Effective September 1, 2014 , PA required -HUSKY B Copay 20%
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%
Removal of Benign Cyst/Tumor	D7450-Odontogenic D7451-Odontogenic D7460- Nonodontogenic D7461-	Effective September 1, 2014 , all require pathology report and post review or prior authorization

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	Nonodontogenic	-HUSKY B Copay 20%
Destruction of Lesion by Physical or Chemical Means	D7465	Effective September 1 2014 , requires post review or prior authorization -HUSKY B Copay 20%
Osteoplasty	D7940 D7941 D7944 D7945	Requires PA -HUSKY B Copay 20%
Excision of Pericoronal Gingiva	D7971	Effective September 1.2014 , requires post review -HUSKY B Copay 20%
Closure of Salivary Fistula	D7983 D7999-1 Additional FQHC Encounter Code	PA required by certain specialties -HUSKY B Copay 20%
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%

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<p>Orthodontics (Required PA)</p>	<p>D8000-8999 D8660-Pre-Orthodontic Treatment D8670-Periodic Orthodontic Treatment D8696- Repair of Orthodontic Appliance-Maxillary D8697-Repair of Orthodontic Appliance-Mandibular D8692-Replacement of Orthodontic Retainer D8703-Replacement of Orthodontic Retainer-Maxillary D8704-Replacement of Orthodontic Retainer-Mandibular D8999-Unspecified Orthodontic Treatment</p>	<p>-HUSKY A, HUSKY C, HUSKY D Covered once per client per lifetime Treatment must be performed by an Orthodontist Limited to recipients under age 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. <u>Replacement of orthodontic retainer covered once per lifetime</u> 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:</p>	<p>-HUSKY B Covered once per client per lifetime Treatment must be performed by an Orthodontist Limited to recipients under age 19 No Prior Authorization required Benefit - \$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. <u>HUSKY B Copay-20%</u> <u>Replacement of orthodontic retainer covered once per lifetime</u> 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</p>
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		<ul style="list-style-type: none"> • 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 sever deviation affecting the mouth and /or underlying structures. <p>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 pain or infection, restoration of teeth or maintenance of dental health.</p>	<p>and authorized if one of the following conditions are met:</p> <ul style="list-style-type: none"> • 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 sever deviation affecting the mouth and /or underlying structures. <p>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 pain or infection, restoration of teeth or maintenance of dental health.</p>
Palliative (Emergency) Treatment of Dental Pain	D9110	<p>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</p>	
Local Anesthesia		<p>It is not payable as a separate service & is included in other procedure codes.</p>	
General Surgical Anesthesia	D9220 D9221	<p>Effective January 1, 2016, these services are no longer covered. Replaced by D9223.</p>	

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<p>General Surgical Anesthesia</p>	<p>D9223 – Deep Sedation/General Anesthesia -Each 15 Minute Increment</p>	<p>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</p> <p>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</p> <p><i>Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services</i></p> <p><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></p> <p><i>PA required for all specialties except for pedodontists, oral surgeons, and anesthesiologists</i></p> <p>-HUSKY B Copay is 20%</p>
<p>Analgesia, Anxiolysis, Inhalation of Nitrous Oxide “Laughing Gas”</p>	<p>D9230 –Analgesia, Anxiolysis Inhalation NO2</p>	<p>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</p> <p>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</p>

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		<p>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.</p> <p>Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services</p> <p>Not a covered benefit for clients twenty-one or over for general dental services</p> <p>-HUSKY B Copay 20%</p>
<p>Intravenous Conscious Sedation</p>	<p>D9241 D9242</p>	<p>Effective January 1, 2016, these services are no longer covered. Replaced by D9243.</p>
<p>Intravenous Conscious Sedation</p>	<p>D9243- Intravenous Moderate(conscious) Sedation- Each 15 Minute Increment</p>	<p>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, or hyperactivity disorder or severe/profound developmental delay for behavior management related to the dental procedures to be performed</p> <p>Also covered for clients age nine or over 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 impacted third molars</p> <p>Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services</p> <p>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</p> <p>PA required for all specialties except pedodontists, oral surgeons, and anesthesiologists</p>

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		-HUSKY B Copay 20%
House/Extended Care Facility/Hospital Call	D9410- House/Extended Care Facility Call D9420-Hospital Call	The House/Extended Care facility call is limited to <u>only private practice dentists and public health hygienists</u> (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
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%
Fabrication of Athletic Mouth Guard	D9941 D9999-1 Additional FQHC Encounter Code	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%
Occlusal "Night" Guards (By Report)	D9944-Hard, Full Arch D9945-Soft, Full Arch	
Periodontia	D4000 – D4999	Not covered (exceptions for medical necessity in children (EPSDT) and adults considered)
Implants	D6000 – D6199	Not covered
Cosmetic Dentistry		Not covered

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Vestibuloplasty	D7340, D7350	Not covered
Cancelled or Missed Appointments		Not covered Providers cannot charge clients for cancelled or missed appointments.
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.

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