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-	***"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."***			
Periodic Oral Exam	D0120	For clients <21 years of age-Limited to one per client per 6 month period. For clients 21 years of age or older-Limit to one client per calendar year. **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). ***Note:*** *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.* *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.* **Effective June 15th, 2013, CTDHP will no longer accept or process prior authorization requests for D0120 without a date of service. Submissions for these procedures will be processed on a post-procedure review basis only.** **-No HUSKY B Copay** **-**		

Emergency or Limited Oral Exam	D0140	**Effective September 1, 2014, both children and adults will now be eligible for only four problem focused evaluations per calendar year.** **-No HUSKY B Copay**
Comprehensive Oral Evaluation	D0150	For clients <21 years of age-One per 36 months. For clients 21 years of age or older-Limit to one per client per lifetime. ***Note:*** *When a client changes providers, an additional comprehensive examination service can be requested through the established prior authorization process.* -**No HUSKY B Copay**
Detailed & Extensive Oral Evaluation	D0160	**-No HUSKY B Copay**
X-Ray-Intraoral, complete series (FMX, Full Mouth Series)	D0210-Full Mouth Series	Intraoral, complete series (full mouth) consisting of at least ten (10) periapical films plus bitewings, limited to once per (36) months. ***Note:*** *Under the HUSKY dental plan, a panoramic* ***or*** *a full mouth series is covered under the plan 1X per 36 months.* **-No HUSKY B Copay**
X-Ray-Periapical	D0220-1st Film D0230-Each Additional Film	For clients 21 years of age or older-Limited to four (4) radiographs per 365 day period. (No monthly frequency restriction for clients <21 years of age.) (Any X-Ray in addition to 4 Periaplical requires PA.) ***Note:*** *The single 1st film is not covered on the same date of service as bitewings, panoramic or lateral jaw films.* *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.* **-No HUSKY B Copay**

X-Ray-Bitewing	D0270-Single D0272-Two D0274-four	**Effective May 1, 2015,** For clients <21 years of age-Limited to 1 bitewing procedure allowed per client once per calendar year. 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.) **-No HUSKY B Copay**
Sialography	D0310	**Effective September 1, 2014, no longer payable through HUSKY**
Other TMJ Films	D0321	**Effective September 1, 2014, PA required** **-No Husky B Copay**
X-Ray-Panoramic	D0330-Panoramic Radiograph	Panoramic X-ray is a reimbursable procedure that requires prior authorization for all dental specialties and clinics except for oral and maxillofacial surgeons and orthodontists. ***Note:*** *Under the HUSKY dental plan, either a panoramic X-ray* ***or*** *a full mouth series is covered under the plan 1X per 36 months.* *When a client has a documented need that warrants a panoramic radiograph, the service can be requested through the prior authorization process.* **-No HUSKY B Copay**
Caries Susceptibility Screening	D0425	Prior Authorization is required for the specialties that are allowed to bill for this procedure. When submitting a PA, providers should include a description of the patient's condition, why the screening should be done, and should also note how the results of the screening will influence future treatment. Providers should follow the EPSDT guidelines in the provider manual. **-No HUSKY B Copay**

Caries Risk Assessment (Primarily for Children)	D0601-Low Risk D0602-Moderate Risk D0603-High Risk	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 providers 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. **-No HUSKY B Copay**
Dental Prophylaxis *"Prophy"*	D1120 Pediatric D1110 Adult	For clients <21 years of age-Limited to one per client per 6 month period. For clients 21 years of age or older-Limit to one per client per calendar year. ***Note:*** *includes cleaning, supra & sub gingival scaling & polishing.* *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.* *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.* **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.** **-No HUSKY B Copay**
Topical Application of Fluoride-Child	D1203-Topical Fluoride	No longer covered under the **HUSKY** dental plan as of 01/01/2013. Replaced by D1208
Topical Application of Fluoride- Adult	D1204-Topical fluoride	No longer covered under the **HUSKY** dental plan as of 01/01/2013. Replaced by D1208

Topical Application of Fluoride-Adult & Children	D1206- Topical Varnish D1208-Topical Fluoride application	Limited to no more than 1 of these two fluoride codes every 6 months per client with no age limitation and no PA required. Two fluoride treatments per 6 months are allowed 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. These services can be overridden by PA. **-No HUSKY B Copay**
Tobacco Counseling	D1320	**Effective September 1, 2014 chart documentation required for this code.** 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. **-No HUSKY B Copay**
Pit & Fissure Sealants	D1351	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. 2,3,4,5,12,13,14,15,18,19,20,21,28,29,30,31 **-No HUSKY B Copay**
Space Maintainers	D1510-Fixed Unilateral D1999-1 Additional FQHC Encounter Code) D1515-Fixed Bilateral D1999-1 Additional FQHC Encounter Code) D1525-Removable Bilateral D1999-2 Additional FQHC Encounter Code)	D1510 – limit of 4 covered PA required for some specialties D1515 – limit of 2 covered PA required for some specialties D1525 – limit of 2 covered PA required for some specialties **-HUSKY B Copay-33%**
Recementation of	D1550	A covered service

Space Maintainer		PA required for some specialties **-HUSKY B Copay-20%**
Removal of Fixed Space Maintainer	D1555	A covered service PA required for some specialties **-HUSKY B Copay-33%**
Restorations-Fillings Amalgams (Metal) (1-32, A-T)	D2140 – 1 surface D2150 – 2 surface D2160 – 3 surface D2161 – 4 surface	Once per year to same surface -no primary teeth which are about to come out. ***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.*** ***Effective October 1, 2014, Dental providers will be reimbursed for the total number of surfaces restored on a single tooth per one year period per provider. The same surface even billed in conjunction with a different surface will not be covered in that same one year period.*** ***Example:*** Provider performs "MO" on tooth #19, later in the year the same 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. **-HUSKY B Copay-20%**
Restorations-Fillings Composite Resin (White)	**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	Once per year to same surface by same provider-no primary teeth which are about to come out. For clients 21 years of age or older-Posterior composite resin restorations **D2391, D2392, D2393 & D2394** ***are no longer a covered procedure*** for first molar teeth ***(3, 14, 19 & 30)*** and second molar teeth ***(2, 15, 18, & 31).*** Amalgam-Free Offices can submit a prior authorization request for procedure ***D2999*** with the comment that they are amalgam free and with an explanation of tooth number and type of filling. The office will be reimbursed at the amalgam filling rate. Can a provider bill for an amalgam filling while providing a composite filling? No, an office may only bill for the actual service that is being delivered. **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.**

	2-5, 12-15, 18-21, 28-31, A, B, I-L, S, T **(Teeth #1, 16, 17 & 32 are not covered.)**	**Effective October 1, 2014, Dental providers will be reimbursed for the total number of surfaces restored on a single tooth per one year period per provider. The same surface even billed in conjunction with a different surface will not be covered in that same one year period.** ***Example:*** Provider performs "MO" on tooth #19, later in the year the same 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. **-HUSKY B-20% Copay**
Fillings-Tooth surfaces restricted to specific teeth.	Buccal (B) Distal (D) Facial (F) Incisal (I) Lingual (L) Mesial (M) Occlusal (O)	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 **Effective October 1, 2014 Claims will deny for invalid tooth number/tooth surface combination.**
Crown –Porcelain fused to predominantly base metal (anterior permanent teeth #4-13 & 20-29 only) (predominantly shows porcelain-anterior teeth)	D2751 - Anterior D2999-2 Additional FQHC Encounter Code	Crown –Porcelain fused to predominantly base metal – Anterior Teeth Once per five year limitation PA Required • 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.) *(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.)* *(PA submissions must include mounted pre-operative periapical, Pan or FMX (no bitewings) & complete charting of client's dentition including any planned extractions.)* **-HUSKY B Copay 33%**
Crown-full cast predominantly base metal (permanent teeth #1-32) (predominantly shows metal) *(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.)* *(PA submissions must include mounted pre-operative periapical, Pan or FMX (no*	D2791 D2999-2 Additional FQHC Encounter Code	Crown-Full cast predominantly base metal Once per five year limitation • 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-*wisdom teeth* or bicuspids-*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

bitewings) & complete charting of client's dentition including any planned extractions.)		question? (If no, single crown restoration would not meet coverage guidelines.) **-HUSKY B Copay 33%**
Re-cement Crown	D2910 D2920	PA required **-HUSKY B Copay 20%**
Crowns-Stainless Steel with Resin Window (primarily used on children)	D2930-Primary D2931-Permanent D2933-Primary or Permanent	D2930 – PA required for some specialties D2931 – PA 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 –**As of October 1. 2014 replaces D2933**. PA required for some specialties As of 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 out within a month or two. PA required for some specialties **-HUSKY B Copay 20%**
Core Buildup	D2950	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. 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. *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.* PA required **-HUSKY B Copay 33%**
Pin Retention-per Tooth In Addition To	D2951	**-HUSKY B Copay 33%**
Pulp Cap, Direct	D3110	**Effective September 1, 2014, this procedure is restricted to members under the age of twenty-one.** **-HUSKY B Copay 20%**

Endodontic Therapy – Root Canal **Anterior Teeth** (#6-11 or 22-27)	D3310 - Anterior D3999-1 Additional FQHC Encounter Code	Once per tooth per Client per lifetime limitation • 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) **As of November 10, 2014, PA is required for D3310 for all ages and for all dental specialties except FQHCs.** *(PA submissions must include mounted pre-operative periapical, Pan or FMX (no bitewings) & complete charting of client's dentition including any planned extractions.)* **-HUSKY B Copay 20%**
Endodontic Therapy – Root Canal **Posterior Teeth** (# 1-5, 12-16, 17-21, 28-32) PA is required	D3320 - Bicuspid D3999-2 Additional FQHC Encounter Code D3330 - Molar D3999-3 Additional FQHC Encounter Code	Once per tooth per Client per lifetime limitation. • 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? • Does the client have intact dentition (other than third molars-*wisdom teeth* or bicuspids-*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 appears 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.) **As of November 10, 2014 all specialties require PA for all ages for D3320, D3330 except FQHCs.** *(PA submissions must include mounted pre-operative periapical, Pan or FMX (no bitewings) & complete charting of client's dentition including any planned extractions.)* **-HUSKY B Copay 20%**
Retreatment Root Canal Therapy	D3346-Anterior D3347-Premolar/Bicuspid D3348-Posterior/Molar	Covered for clients under age 21 and PA is required for all providers except Endodontists **-HUSKY B Copay 20%**
Apicoectomy/Periraducular Surgery	D3410-Anterior D3421-Bicuspid D3425-Molar	PA is required for under age 21. Endodontist do not require PA for these procedures. **-HUSKY B Copay 20%**
Apexification (Requires PA)	D3351-Initial Visit D3352-Intermediate Visit D3353-Final Visit	Not including root canal treatment but includes all visits to complete the service. Restricted to members under age 18 – PA is required all specialties except Endodontist. **-HUSKY B Copay 20%**

Gingevectomy 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> <u>Note:</u> 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 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.* **-HUSKY B Copay 50%**
Removable Prosthetic – Partial Denture (Requires PA)	5211 Partial Upper Resin Based 5212 Partial Lower Resin Based 5213-Partial Upper Cast	Once per 7 year period limitation. Does the client have any missing anterior teeth in the arch being considered? Is denture expected to be used for mastication on a daily basis? (If no, dentures are not covered for aesthetic purposes.) Does the client have eight (8) or more natural teeth or restored posterior teeth in occlusion?

	metal 5214-Partial Lower Cast metal 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> <u>Note:</u> 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 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. *(PA submissions must include mounted pre-operative periapical, Pan or FMX (no bitewings) & complete charting of client's dentition including any planned extractions.)* (Denture labeling is covered for patients in long term care facilities only.) (Fixed prosthetics-bridges are not covered) **-HUSKY B Copay 50%**

Denture Repairs	D5510-Repair of Broken Complete Denture Base D5520-Replace Missing or Broken Teeth-Complete D5610-Repair Resin Denture Base D5620-Repair Cast Framework D5640-Repair or Replace Broken Clasp D5650-Add Tooth to Existing Partial Denture D5660-Add Clasp to Existing Partial Denture	**-HUSKY B Copay 20%**
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)	D5211 Partial Upper Resin Based D5212 Partial Lower Resin Based D5213-Partial Upper Cast metal D5214-Partial Lower Cast metal	Once in 7 year limitation for Replacement of Full and Partial Dentures. 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. All denture replacements within seven year frequency limitation will require PA. Dentures will only be replaced if the patient uses his dentures on a daily basis. For dentures to be considered for replacement, the following documentation must be submitted with the Prior

	D5899-1 Additional FQHC Encounter Code – For all above	Authorization: • 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: o Copies of the facility dietitian's logbook records detailing any change of the appliance being considered for replacement. o 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. 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. **-HUSKY B Copay 50%**
Reline Dentures – Chair side	D5730-Reline Complete Maxillary Denture-Chair side D5731-Reline Complete Mandibular Denture-Chair side D5740-Reline Maxillary Partial Denture-Chair side D5741-Reline Mandibular Partial Denture – Chair side	Once per 2 year period limitation PA Required for some specialties **-HUSKY B Copay-20%**

Denture Reline –Chair side	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 PA 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: *Only Sutures of lacerations of mouth in accident cases only & not cases incidental to and connected with dental surgery.* *Gingivectomy only for severe side effects caused by medication.* *Only replant avulsed anterior tooth, not in conjunction with a root canal.* *Only bone grafts, mandible, restricted to the replacement of bone previously removed by radical surgery procedure.*		
Fluoride Carrier	D5986	**Effective September 1, 2014, PA required for non-pediatric dentists.** No age restriction applies. **-No HUSKY B Copay**

Simple Exodontias (Extractions)	D7140 – Extraction of erupted tooth or exposed root	Covered for all permanent, primary and supernumerary teeth **-HUSKY B Copay 20%**
Surgical Exodontias (Extractions)	D7210 – Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth	Covered for all permanent, primary and supernumerary teeth *(Oral Surgeons are not required to submit PA for surgical extractions)* **-HUSKY B Copay 33%**
Impactions	D7220-Soft Tissue D7230-Partially Bony D7240-Completely Bony D7241-Completely Bony, with unusual surgical complications	Elective impactions require special consideration & X-Rays supporting the need for service. PA Required D7240 - Requires X-ray **-HUSKY B Copay 33%**
Tooth Transplantation	D7270-Reimplant/Stabilize Tooth D7272-Tooth Transplantation(including reimplant)	Restricted up to age 20 **As of September 1. 2014 D7270 requires PA** **-HUSKY B Copay 20%**
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	As of September 1. 2014,requires pathology report and post review or PA **-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	**As of September 1, 2014, all Require pathology report and post review or PA** **-HUSKY B Copay 20%**
Removal of Benign Cyst/Tumor	D7450-Odontogenic D7451-Odontogenic D7460-Nonodontogenic D7461-Nonodontogenic	**As of September 1, 2014, all Require pathology report and post review or PA** **-HUSKY B Copay 20%**
Destruction of Lesion by Physical or Chemical Means	D7465	**As of September 1 2014, requires post review or PA** **-HUSKY B Copay 20%**
Osteoplasty	D7940 D7941 D7944 D7945	Requires PA **-HUSKY B Copay 20%**
Excision of Pericoronal Gingiva	D7971	As of 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 archbar. Requires PR and PA from some dental specialties. Exceptions are: general dentists , oral surgeons , prosthodontists, and public health dentists. **-HUSKY B Copay 20%**	
Orthodontics (Required PA)	D8000-8999 D8660-Pre-Orthodontic Treatment D8670-Periodic Orthodontic Treatment D8692-Replacement of Orthodontic Retainer- PA not required for Orthodontist. D8999-Unspecified Orthodontic Treatment	**-HUSKY A, HUSKY C, HUSKY D** Once per client per lifetime. Active treatment-max of 30 months per recipient Work must be performed by a qualified Orthodontist Limited to recipients under age 21. Therapy must be completed by the age of 21. Prior Authorization required. Orthodontic treatment must be medically necessary and authorized if one of the following conditions are met: • The client obtains 24 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. If the client does not satisfy any of the criteria set forth above, a determination is made as to whether	**-HUSKY B** Once per client per lifetime. Active treatment-max of 30 months per recipient Work must be qualified Orthodontist Limited to recipients under age 19 No predetermination required Benefit limited to $725.00 per case Client is responsible for balance up to 3410.00

		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. 30 visits max / $3410 total	
Palliative(Emergency) Treatment of Dental Pain	D9110	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**	
Local Anesthesia		It is not payable as a separate service & is included in other procedure codes.	
General Surgical Anesthesia	D9220 D9221	**As of January 1, 2016, these services are no longer covered. Replaced by D9223.**	
General Surgical Anesthesia	D9223 – Deep Sedation/General Anesthesia -Each 15 Minute Increment	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. 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. ***Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services.*** ***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*** ***PA required for all specialties except for pedodontists, oral surgeons, and anesthesiologists.*** **-HUSKY B Copay is 20%**	

Analgesia, Anxiolysis, Inhalation of Nitrous Oxide "*Laughing Gas*"	D9230 –Analgesia, Anxiolysis Inhalation NO2	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. 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. ***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.*** Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services. Not a covered benefit for clients twenty one or over for general dental services. **-HUSKY B Copay 20%**
Intravenous Conscious Sedation	D9241 D9242	***As of January 1, 2016, these services are no longer covered. Replaced by D9243.***
Intravenous Conscious Sedation	D9243- Intravenous Moderate(conscious) Sedation- Each 15 Minute Increment	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. 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.

		Not a covered benefit for clients age nine (9) or over for the extraction of a single tooth or general dental services. 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 ***PA required for all specialties except pedodontists, oral surgeons, and anesthesiologists.*** **-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%**
Occlusal "Night" Guards (By Report)	D9940 D9999-1 Additional FQHC Encounter Code	Covered By Report Prior Authorization required for patients 21 years of age and older **-HUSKY B Copay-20%**

Fabrication of Athletic Mouth Guard	D9941	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%**
Periodontia	D4000 – D4999	**Not covered (exceptions for medical necessity in children(EPSDT) and adults considered)**
Implants	D6000 – D6199	**Not covered**
Cosmetic Dentistry		**Not covered**
Vestibuloplasty	D7340, D7350	**Not covered**
Canceled or Missed appointments		**Not covered** Providers cannot charge clients for cancelled or missied appointments.