

June 3, 2013



CTDHP Prior Authorization Requirement Change

Dear Doctor,

Effective July 1, 2011, benefits for adult (21+) clients in the CTHDP programs were modified to limit the frequency of D0120, D1110 to one time per twelve (12) month period per client. Frequency limitations were originally applied against services performed within the most recent consecutive twelve (12) months prior to the applicable date of service (DSS Policy Bulletin PB 2011-61). Subsequently, the application of these frequency limitations was changed such that these frequency limitations accrued on a calendar year basis.

Currently, clients who have reached the frequency limitation for examinations and cleanings in the previous calendar year are eligible for these services in the current calendar year. Therefore, services that would have required prior authorization under the application of a consecutive twelve month frequency limitation no longer do. Claims for clients who have not yet received a periodic oral evaluation and/or an adult prophylaxis in the current calendar year can be billed directly; prior authorization is not required for these services.

Effective June 15th, 2013, CTDHP will no longer accept or process prior authorization requests for D0120 or D1110 without a date of service. Submissions for these procedures will be processed on a post-procedure review basis only.

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.

Examples include but are not limited to uncontrolled diabetes, organ transplant or the client is taking an anti – seizure medication which warrants a dental examination more than one time per twelve (12) month period. Additional services may be requested through the established prior authorization process. The post procedure review request must include a description and/or documentation that will justify the medical necessity for the additional examination and/or cleaning.

Please verify client treatment history for examinations and cleanings so that you are informed, prior to an appointment, as to whether the client has utilized their benefit for the current calendar year; claims for these services can be submitted directly for payment; or in the case of chronic medical and/or dental conditions, the client requires additional procedures. In all cases, please submit your claims or post-procedure review requests with the actual date of service after services have been rendered. Comprehensive treatment histories can be viewed at www.ctdhp.com.