



**TO:** Dentists, Pediatric Dentists, Dental Clinics, Dental School Based Health Centers, Dental Federally Qualified Health Centers and Hospital Based Dental Clinics  
**SUBJECT:** Hall Technique for the Placement of Stainless Steel Crowns

This provider bulletin gives important information to Dental Providers regarding the regulations governing the placement of preformed crowns using the Hall Technique for clients who obtain dental care through the Connecticut Dental Health Partnership (CTDHP).

The Connecticut Medical Assistance Program (CMAP) will only reimburse dentists for stainless steel crown placement when the tooth has undergone complete caries removal, pulpotomy therapy (when medically necessary), and tooth reduction/preparation for preformed crown placement. The performance of the tooth preparation should be clearly documented in the member's permanent record. Failure to document that the tooth was prepared for crown placement could result in a finding during an audit.

The Department will only reimburse for the professional services of a licensed dentist or dental hygienist which conform to accepted methods or best practices of diagnosis and treatment, but will not pay for anything that is considered as an unproven modality of treatment, experimental or research nature. The Department will not reimburse for services in excess of those deemed medically necessary by the Department to treat the recipient's diagnosis, symptoms or dental or medical condition. Refer to Medical Services Policy, Section 184.E, which can be accessed on the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

All prior authorization (PA) documentation requirements remain unchanged for providers.

Hard copy submissions for stainless steel crown services that require PA or Post Procedure Review (PR) should be sent to the following address:

**CTDHP Prior Authorizations**  
**C/O Bene Care Dental Plans**  
**P.O. Box 40109**  
**Philadelphia, PA 19106-0109**

Be sure to fill out all of the necessary office information as it is essential to include the address where all materials can be returned.

*Note: FedEx, UPS, etc. will not deliver packages to post office boxes when a signed return receipt is requested.*

Any PA or PR request sent to other addresses will be returned to the sender without review.

**Please allow fifteen (15) business days for the review and processing of prior authorization and post procedure review requests.**

Electronic prior authorization or post procedure review requests may also be submitted electronically via the [www.ctdhp.com](http://www.ctdhp.com) provider Web portal.

To upload a Prior Authorization request, follow the steps outlined below:

1. Access the [www.ctdhp.com](http://www.ctdhp.com) Web site and click on "**Provider Partners**"
2. Enter your Billing NPI and Tax ID numbers in the appropriate boxes and click on "**Submit**."
3. A new screen will appear, click on "**Prior Authorization Upload**"
4. Follow the instructions for submission of prior authorization or post procedure review requests.

#### **How to Verify Approval Status on the Web**

PA approval status may be verified via the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com). Providers can log onto their secure Web account and access the "PA Inquiry" link on the right hand side or select Prior Authorization on the Menu Bar and click on Prior Authorization Search. Providers can search for prior authorization approvals by the client ID if you have not received notification from CTDHP with the PA number. Providers may also verify the prior authorization approval by entering the letter "B" followed by the prior authorization number provided by CTDHP.

**Posting Instructions:** Provider bulletins can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This bulletin is being distributed to providers enrolled in the Connecticut Medical Assistance Program by HP Enterprise Services.

**Responsible Unit:** Department of Social Services, Health Services, Division of Integrated Services, Dental Unit, Donna Balaski, D.M.D. at (860) 424-5342 or [donna.balaski@ct.gov](mailto:donna.balaski@ct.gov).

