



**TO:** Dentists, Dental Hygienists, Dental Clinics, Dental School Based Health Centers, Dental Federally Qualified Health Centers and Hospital Based Dental Clinics  
**SUBJECT:** Change of Dental Benefit Assignment by Dental Provider to Benefit Assignment by Client

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This provider bulletin gives important information to Dental Providers regarding the benefit assignment limitation structure for dental services provided to HUSKY Health clients. *The benefit limitations for services delivered to all clients will change from a provider based benefit assignment to a client based benefit assignment which mirrors commercial dental plan reimbursement.* This change will take effect on November 1, 2012 for all clients.

A client's received benefits and payment history will follow the client throughout their enrollment in the HUSKY Health Plans and will help to ensure that there are a reduced number of duplicative services being provided to a client by multiple providers. Any requests for authorization of a duplicative service for a client will need to be well documented and justified when submitted to the Connecticut Dental Health Partnership (CTDHP) for authorization.

With the future implementation of the Dental Home Model supported by the American Academy of Pediatric Dentistry (AAPD) and the American Dental Association (ADA), it is anticipated that the duplication of services will be reduced from where it has been historically. However, the service delivery of duplicative services remains an area of concern for the Department of Social Services. With the rising costs of dental care, a significant effort is being invested into the termination of repetitive, non-essential, service delivery.

All dental providers who deliver services to clients under the age of 21 should check to ensure that each client is eligible to receive dental services by verifying the client's eligibility status and dental history before performing any treatment on a client. The dental history for each client can be found on the CTDHP Web site under the secure provider portal. The secure portal is used to access protected health information such as client history by date of service. Providers will need to use their billing National Provider Identifier (NPI) and Federal Tax

Identification Number (TIN) to access the secure area of the Web site. To sign on to the secure site, please follow the steps below outlined in the next section of this provider bulletin.

### **Client Eligibility Status and Client Treatment History**

All providers are strongly encouraged to verify each client's eligibility status before delivering any services to the client. Please refer to Chapter 4 of the Connecticut Medical Assistance Program Provider Manual located at [www.ctdssmap.com](http://www.ctdssmap.com) by clicking on Information, then Publications, for ways to perform the verification that is most convenient for your office.

To verify when a procedure was last performed on a client, go to the [www.CTDHP.com](http://www.CTDHP.com) Web site and click on the link on the left hand side of the Home Page labeled "**Provider Partners**," then click on "Sign In".

Enter the practice NPI and TIN information in the boxes provided. Once the identifying information has been entered successfully, a screen populated with your personal information will appear. You can now use the links on the left side of the page to check the client's treatment history. To check the client's treatment history follow the steps outlined below:

1. Click on the link labeled "**Client Inquiry**."
2. Enter the client's Medicaid ID number and date of birth and click "**Submit**."
3. The screen will return the client's current eligibility status for the date of the inquiry as well as a listing of all historical dental procedures performed on file for this client. The procedures reported go back to 2008.

For a history of procedures that date back further than 2008, please contact the CT Dental Health

Partnership Professional Relations Center at 1-888 – 445-6665 or the Connecticut Customer Service Center at 1-866-420-2924.

### **The Dental Home and Services Provided External to the Dental Home Environment**

The concept of the Dental Home was established by the AAPD in order to promote continuous, good oral health practices. The CTDHP believes that each HUSKY Health client should have an established dental home to receive their entire ongoing oral healthcare. The AAPD definition of the Dental Home is as follows:

*“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.” (AAPD)*

The CTDHP encourages all entities that provide preventive services without comprehensive care to check each client’s dental claims history to ensure that the client is not receiving services from an established dental home. In instances where only preventive services are delivered at a designated site by a mobile or off – site program, the provider must inform the guardian in clear, easy to understand language that the services being delivered are preventive only and will not encompass a comprehensive diagnostic examination and subsequent treatment.

### **How to Request Prior Authorization or Post Procedure Review Authorization for Additional Preventive Dental Services**

In the event that a client has received preventive dental services from an entity other than the established dental home, the dental home may request the prior authorization or post procedure review for additional preventive services until December 31, 2012 to maintain the continuity of care. Requirements for completing prior authorization requests or post procedure authorization requests for payment can be found

in **Chapter 9** of the Connecticut Medical located at [www.ctdssmap.com](http://www.ctdssmap.com) by clicking on Information then Publications.

*All prior authorizations and post procedure reviews will be issued specific to the client and the dental provider. Prior authorizations will be valid for 365 days from the date of issue. Post procedure reviews will be valid for the date the service was rendered and the claim may be submitted for payment up to 365 days from the date of service. Only those procedures that require PA or PR should be submitted to CTDHP/BeneCare for consideration; all other requests will be returned.*

Hard copy submissions for non-orthodontic services that require PA or PR should be sent to the following address only:

**C/O BeneCare 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.

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

Electronic prior authorization or post procedure review requests may also be done 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 instructions for prior authorization or post procedure review requests.

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

PA approval status may be verified via the CT Medical Assistance Program Web Portal at [www.ctdssmap.com](http://www.ctdssmap.com). Providers can log onto their secure Web account and access the "PA Inquiry" link on the right hand side to access the Prior Authorization Inquiry or select "Prior Authorization" on the Menu Bar. Providers can search for 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.

Responsible Unit: For questions regarding any information contained within this bulletin, please contact the following: DSS, Medical Care Administration, Dental Division, Donna Balaski, D.M.D. at (860) 424-5342

