GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director- Medicaid Director

Transmittal # 21-21

TO: DC Medicaid Dental Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director

DATE: June 09, 2021

SUBJECT: **Dental Prior Authorizations**

Purpose
The purpose of this transmittal is to notify Medicaid fee-for-service (FFS) dental providers of an update to the DC Medicaid fee schedule for Current Dental Terminology (CDT) codes. This update to the fee schedule will optimize the healthcare outcomes for DC Medicaid beneficiaries by ensuring they receive clinically appropriate and medically necessary dental services.

Effective **July 9, 2021,** DC Medicaid FFS dental providers are required to submit prior authorization requests to the Department of Health Care Finance (DHCF) Quality Improvement Organization (QIO), Comagine Health for the following CDT codes:

- **D2799** - PROVISIONAL CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION;
- **D3346** - RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR;
- **D3348** - RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR;
- **D4212** - GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE PER TOOTH;
- **D4240** - GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT;
- **D4241** - GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT;
- **D4249** - CLINICAL CROWN LENGTHENING-HARD TISSUE;
- **D4342**- PERIODONTAL SCALING AND ROOT PLANNING – ONE TO THREE TEETH PER QUADRANT;
- **D7970** - EXCISION HYPERPLASTIC TISSUE – PER ARCH;
- **D9951** - OCCLUSAL ADJUSTMENT-LIMITED; and
- **D9952** - OCCLUSAL ADJUSTMENT-COMPLETE.

Prior Authorization Submission
Please submit all dental procedures that require prior authorization to Comagine Health at https://comaginepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin. The prior authorization requests must include the following:

1. Completed 719A form;
2. Clinical narrative;
3. Radiographs;
4. Intra-oral photos; and
5. Periodontal charting if applicable.

If you require assistance and training for submitting prior authorization requests to Comagine Health, please contact Ms. Sade Akinkuowo; the contact information is listed below.

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For MCO Enrollees: Dental providers should follow the guidelines established by the enrollee's managed care organization (MCO) for receiving authorization for these dental procedures. Please contact below the appropriate MCO for more information:

- AmeriHealth Caritas DC Provider Services: 202-408-2237 or 1-888-656-2383
- CareFirst Community Health Plan DC Provider Services: 202-821-1100
- Health Services for Children with Special Needs (HSCSN) Provider Services: 202-467-2737
- MedStar Family Choice-DC Provider Services: 855-798-4244

Contact
If you have any questions about the information in this transmittal, please contact Antonio Lacey, DDS, Program Analyst, at antonio.lacey@dc.gov or (202) 442-5847.

Cc: DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Behavioral Health Association
DC Coalition of Disability Services Providers
Medical Society of DC