



**Date:**



## Contact Information

For questions or additional assistance, please contact:

**Provider Relations**  
**956-632-8308**

To enter authorization requests and upload clinical via the Provider Portal, visit

<https://driscollhealthplan.com/providers>

To verify authorization requirements via the Authorization Requirement Portal, visit <https://driscollhealthplan.com/priorauthcheck>

## Attention:

### Authorization Requirement Updates

Effective 4/1/2023, DHP will require prior authorization for the following procedure codes:

Dental Services:

- 00170 and 41899, general anesthesia/deep sedation in conjunction with dental treatment services for members 6 years of age and younger

Per UMCM 16.1.25.2, prior authorization of general anesthesia/deep sedation provided in conjunction with therapeutic dental services is required for children under the age of seven.

**If Dentaquest is the DMO, DHP requires the Provider Determination Letter (PDL) be provided to DHP** along with the request for anesthesia. Example attached. This is available via Dentaquest's portal.

Requests lacking the PDL will be rejected as incomplete as lacking information.

#### DentaQuest - Authorization Determination

Please address questions to:



DentaQuest USA Insurance Co.  
11100 W. Liberty Drive  
Milwaukee, WI 53224  
Phone: (800) 896-2374  
Fax: (262) 834-3589



Provider: [Redacted]  
Service Office: [Redacted]

File Number: 202312402887200

Receipt Date: 05/04/2023

Determination Date: 05/05/2023

Mail Date: May 5, 2023

Member:



DOB: [Redacted]

Group: [Redacted]

SubGroup: [Redacted]

Procedure:	Tooth ID	Qty	Status	Determination Reason	Additional Denial
D9420 hospital or ambulatory surgical center call		1	Approved		
D9500 Medical Anesthesia Services		1	Approved		
D2930 prefabricated stainless steel crown - primary tooth	Tooth A	1	Approved		
D2930 prefabricated stainless steel crown - primary tooth	Tooth I	1	Approved		
D2930 prefabricated stainless steel crown - primary tooth	Tooth J	1	Approved		
D2930 prefabricated stainless steel crown - primary tooth	Tooth S	1	Approved		
D1351 sealant - per tooth	Tooth B	1	Approved		
D1351 sealant - per tooth	Tooth K	1	Approved		
D1351 sealant - per tooth	Tooth L	1	Approved		
D1351 sealant - per tooth	Tooth T	1	Approved		
D0272 bitewings - two radiographic images		1	Approved		

