



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: [Redacted] Group: [Redacted]
DOB: [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		

