



Effective July 1, 2017, new changes to THSteps therapeutic dental benefits will go into effect. These include:

- **New requirements for dental therapy under general anesthesia**
- **Prior authorization criteria for periodontal root scaling and root planing**
- **New procedure code limitations**
- **Clarification of units for time-based procedure codes**

Effective July 1, 2017, dental maintenance organizations (DMOs) and managed care organizations (MCOs) will be required to implement prior authorization for Level 4 deep sedation and general anesthesia provided in conjunction with therapeutic dental treatment for Medicaid dental clients from ages 0 through six years. All Level 4 services must be prior authorized. When the services are provided by a dentist using procedure code D9223, and any anesthesia services provided by an anesthesiologist (M.D./D.O.) or certified registered nurse anesthetist (CRNA), using procedure code 00170, with an EP modifier.

The TMHP provider notification has been updated to reflect deletion of the term “emergent” under Prior Authorization Criteria for Dental Therapy Under General Anesthesia, and insertion of the word “urgent”. Attached for your information is the updated TMHP provider notification. MCOs and DMOs are reminded to provide notification to network providers of the upcoming changes.