

Prior Authorization Metrics for TennCare Dental

To comply with the CMS Interoperability and Prior Authorization final rule, Renaissance is required to annually report aggregated prior authorization metrics on our website. Specifically, this includes a list of all services that require prior authorization, as well as data on prior authorization requests for those items and services (e.g., approvals, denials, etc.) over the previous calendar year. Publicly reporting these metrics promotes transparency and accountability, helps patients understand prior authorization processes, and enables providers to evaluate payer performance. In addition, metrics can be used to compare plans, programs, and payers.

Reporting Period: November 1, 2025 – December 31, 2025, these are the services that require prior authorization:

CoverKids Prior Authorization Codes:

Service Category	Procedure Codes
Restorative (Crowns)	D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2799, D2950, D2952, D2954
Endodontics	D3222, D3230, D3240, D3310, D3320, D3330, D3346, D3347, D3348, D3351, D3352, D3353, D3430, D3471, D3472, D3473
Periodontal	D4210, D4211, D4249, D4260, D4261, D4263, D4264, D4265, D4266, D4273, D4322, D4323, D4341, D4342
Removable Prosthodontics (Dentures & Partial Dentures)	D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5227, D5228, D5850, D5851, D5862
Fixed Prosthodontics (Fixed Partial Dentures & Implants)	D6010, D6056, D6057, D6059, D6065, D6066, D6069, D6191, D6192, D6240, D6241, D6242, D6545, D6740, D6750, D6751, D6752, D6950
Oral and Maxillofacial Surgery	D7210, D7220, D7230, D7240, D7241, D7250, D7252, D7259, D7283, D7285, D7286, D7510, D7880, D7953, D7961, D7962
Orthodontics	D8080
Adjunctive General Services (Anesthesia)	D9222, D9223, D9224, D9225, D9239, D9243, D9244, D9245, D9246, D9247, D9420, D9944, D9945

Prior to January 1, 2026, Renaissance was required to send prior authorization decisions within the following timeframes:

- **72 hours** for expedited requests (urgent) and **14 calendar days** for standard requests (non-urgent)

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization final rule requires Renaissance to send prior authorization decisions within:

- **72 hours** for expedited requests (urgent)

- **7 calendar days** for standard requests (non-urgent)

CoverKids Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	728	1235	58.95%
Request denied	482	1235	39.03%

Request approved only after time for review was extended	There were no extended review timeframes for standard prior authorization requests during this time period.
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Request approved only after appeal	1.94%
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CoverKids Expedited (urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	1	1	0.08%
Request denied	0	1	0.00%

Request approved only after time for review was extended	0.00%
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CoverKids Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) PA requests <i>(response due to provider within 14 calendar days)</i>	4.04 days	4 days
Expedited (urgent) PA requests <i>(response due to provider within 72 hours)</i>	0 days	0 days

Note: Denial rates include denials related to missing or incomplete information.