

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:

TennCare Prior Authorization Codes:

Service Category	Procedure Codes
Restorative (Crowns)	D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2954
Endodontics	D3222, D3230, D3240, D3310, D3320, D3330, D3331, D3346, D3347, D3348, D3351, D3352, D3353, D3355, D3356, D3357, D3430
Periodontal	D4210, D4211, D4240, D4241, D4245, D4249, D4260, D4261, D4263, D4264, D4265, D4266, D4267, D4268, D4270, D4273, D4274, D4275, D4276, D4277, D4278, D4283, D4285, D4322, D4323, D4341, D4342
Removable Prosthodontics (Dentures & Partial Dentures)	D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5850, D5851, D5862, D5863, D5864, D5865, D5866, D5867
Fixed Prosthodontics (Fixed Partial Dentures & Implants)	D6010, D6013, D6040, D6050, D6055, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6080, D6082, D6083, D6084, D6086, D6087, D6088, D6091, D6094, D6097, D6098, D6099, D6100, D6103, D6104, D6105, D6106, D6107, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6120, D6121, D6122, D6123, D6180, D6191, D6192, D6194, D6195, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794, D6920, D6940, D6950, D6985

Oral and Maxillofacial Surgery	D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7252, D7259, D7272, D7282, D7283, D7285, D7286, D7291, D7471, D7472, D7473, D7485, D7510, D7530, D7540, D7880, D7961, D7962, D7963, D7970, D7971, D7972, D7997
Orthodontics	D8010, D8020, D8030, D8040, D8070, D8080, D8090, D8703, D8704
Adjunctive General Services (Anesthesia)	D9222, D9223, D9224, D9225, D9239, D9243, D9244, D9245, D9246, D9247, D9944, D9945, D9946, D9950

ECF Choices Prior Authorization Codes:

Service Category	Procedure Codes
Diagnostic Exam	D0170
Diagnostic Radiographs (imaging)	D0240, D0250, D0251, D0277
Diagnostic Radiographs (imaging)	D0322, D0340, D0372, D0373, D0374
Diagnostic Tests	D0460, D0461, D0470
Restorative (Fillings & Crowns)	D2390, D2710, D2932, D2933, D2940, D2950, D2951, D2952, D2953, D2954, D2955, D2957, D2980
Endodontics	D3220, D3221, D3331, D3332, D3333, D3346, D3347, D3348, D3351, D3352, D3353, D3410, D3421, D3425, D3426, D3430, D3450, D3921
Periodontal	D4210, D4211, D4240, D4241, D4346
Removable Prosthodontics (Dentures & Partial Dentures)	D5225, D5226, D5227, D5228, D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5670, D5671, D5710, D5711, D5720, D5721, D5725, D5740, D5741, D5760, D5761, D5765, D5810, D5811, D5820, D5821, D5850, D5851, D5862, D5863, D5864, D5865, D5866, D5867, D5876, D5877, D5878
Fixed Prosthodontics (Fixed Partial Dentures & Implants)	D6211, D6212, D6241, D6242, D6243, D6245, D6251, D6252, D6545, D6548, D6721, D6722, D6740, D6751, D6752, D6753, D6781, D6782, D6783, D6784, D6791, D6792, D6920, D6930, D6940, D6950, D6980
Oral and Maxillofacial Surgery	D7230, D7240, D7241, D7259, D7260, D7270, D7272, D7280, D7282, D7285, D7286, D7410, D7413, D7440, D7450, D7460, D7465, D7510, D7511, D7530, D7540, D7880, D7970, D7971, D7972, D7997
Adjunctive General Services (Anesthesia)	D9210, D9211, D9212, D9215, D9219, D9222, D9223, D9224, D9225, D9239, D9243, D9244, D9245, D9246, D9247, D9610, D9630, D9910, D9911, D9920, D9939, D9944, D9945, D9946, D9971, D9997

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)

TennCare Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	39,158	75,406	51.93%
Request denied	33,066	75,406	43.85%

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	3.68%
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TennCare Expedited (urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	288	408	0.38%
Request denied	120	408	0.16%

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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TennCare Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) PA requests	4.46 days	4 days

<i>(response due to provider within 14 calendar days)</i>		
Expedited (urgent) PA requests <i>(response due to provider within 72 hours)</i>	4.18 days	3 days

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