



**Connecticut Medical Assistance Program**  
Policy Transmittal 2016-29

Provider Bulletin 2016-75  
November 2016

Roderick L. Bremby, Commissioner

Effective Date: December 1, 2016  
Contact: Donna Balaski@ 860-424-5342

**TO: Oral and Maxillofacial Surgeons, Hospital – Based Dental Clinics, Hospitals**

**RE: Changes to the Implementation of Prior Authorization for Oral and Maxillofacial Surgery Codes**

The purpose of this policy transmittal is to give important information to dental providers regarding the institution of Prior Authorization (PA) requirements for the dental fee schedule for specified oral and maxillofacial surgery codes. This change will take effect for dates of service December 1, 2016 and forward.

The codes that will be subject to prior authorization are as follows:

Code	Descriptor
11951*	Injection of filling material
11954*	Subcutaneous Injection of Filling Material
20900	Bone Graft Harvest
21060	Genioplasty, Augmentation Autograft /Allograft - Pros
20926	Harvesting of Fat for Grafting
21120	Genioplasty, Insertion of Sliding Bone Graft To Enlarge Anterior Mandible
21121	Genioplasty, Sliding Osteotomy, Single Piece
21122	Genioplasty, Sliding Augmentation With Bone Grafts (Includes Harvesting Of Bone)

21123	Genioplasty, Sliding Augmentation With Bone Grafts (Includes Harvesting Of Bone)
21125	Augmentation Mandible, Body/ Angle; Prosthetic Material
21127	Augmentation, Mandibular Body or Angle; With Bone Graft, (Includes Harvesting of Bone)
21141	Reconstruction Midface, LeFort I; Single Piece, Segment Movement In Any Direction (Syndromes), Without Bone Graft
21142	Reconstruction Midface, LeFort I; 2 Pieces, Segment Movement In Any Direction, Without Bone Graft
21143	Reconstruction Midface, LeFort I; 3 or More Pieces, Segment Movement In Any Direction, Without Bone Graft
21145	Reconstruction Midface, LeFort I; Single Piece, Segment Requiring Bone Grafts (Includes Harvesting of Bone)
21146	Reconstruction Midface, Lefort I; 2 or more pieces, Segment Movement in Any

	Direction, Requiring Bone Grafts (Includes Harvesting of Bone)		Osteotomy , No Rigid Fixation
21147	Reconstruction Midface, Lefort I; 3 or More Pieces, Segmented with Bone Graft (Includes Harvesting of Bone)	21196	Sagittal Split Ramus Osteotomy, With Rigid Fixation
21150	Reconstruction Midface, Lefort II; anterior	21198	Osteotomy, Mandible, Segmental
21151	Reconstruction Midface, Lefort II; Bone Grafts (Includes Harvesting of Bone)	21199	Osteotomy, Mandible, Segmental With Genioglossus Advancement
21154	Lefort III, Extracranial, Any Type, With Graft	21206	Sagittal Split Ramus Osteotomy, With Rigid Fixation
21155	Reconstruction Midface, Lefort III (Extracranial)	21208	Osteoplasty Facial Bones; Augmentation (Autograft, Allograft or Prosthetic material)
21159	Reconstruction Midface, Lefort III with Forehead Advancement	21209	Facial Bone Reduction
21160	Reconstruction Midface, Lefort III with Forehead Advancement (Includes Harvesting of Bone)	21210	Graft, Bone; Nasal, Maxillary Or Malar Areas (Includes Harvesting of Bone)
21172	Reconstruction Superior lateral Orbital Rim, +/- bone graft	21215	Graft Mandible (Includes Harvesting of Graft)
21179	Reconstruct Forehead – Entire, + Orbital Rims + Allograft	21230	Graft, Rib Cartilage, Face, Chin, Nose, Ear
21180	Reconstruction of Midface With Bone Graft	21244	Mandibular Reconstruction Transosseal Hardware; Extraoral
21188	Reconstruction of Midface With Osteotomies (Includes Harvesting Of Bone)	21245	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant, Partial
21193	Reconstruction of Mandibular Rami, Horizontal, Vertical, C, or L (+/- Bone Graft)	21246	Reconstruction of Mandible Or Maxilla, Subperiosteal Implant; Complete
21194	Reconstruction Mandible Ramus, Hort/Vert, C or L osteotomies (Includes Harvesting of Bone)	21247	Reconstruction of Mandibular Condyle With Bone and Cartilage Autografts (Includes Obtaining Grafts)
21195	Sagittal Pplit Ramus	21255	Recon, Zygomatic arch/Glenoid Fossa With Bone + Cartilage
		21256	Reconstruction Orbit With Osteotomy and Bone Graft

21267	Orbital Repositioning, Periorbital osteotomy and grafts
21270	Malar augmentation, prosthetic material
21275	Secondary Repair, Revision, Reconstruction of the orbitocraniofacial bones

**\* Denotes the code is not a code on the dental fee schedule or eligible for reimbursement for dental providers**

### **Submission of Prior Authorization Requests**

All services that are treated in the hospital operating room environment, including an Ambulatory Surgical Center, or require an overnight hospital admission must be reviewed and approved by the Department's medical administration service organization, Community Health Network of Connecticut.

Documentation required for review of all surgical cases includes but is not limited to: diagnostic and predictive imaging, including Cephalometric tracings, where applicable; a thorough description of all functional impairments; supporting diagnostic testing: facial photographs that are properly orientated and the quantification of the planned surgical movement(s).

Prior Authorization (PA) requests should be submitted to Community Health Network of Connecticut by fax at (203) 265-3994.

### **Accessing the Fee Schedules**

There are two dental fee schedules posted to the Connecticut Medical Assistance Program (CMAP) Web site; one for the pediatric reimbursement rates and the second for the adult reimbursement rates. The fee schedules may be accessed at [www.ctdssmap.com](http://www.ctdssmap.com); from this Web page, go to "Provider", then to

"Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the appropriate "Dental" fee schedule (adult or pediatric). To access the CSV file, press the control key while clicking the CSV link, then select "Open". The Connecticut Dental Health Partnership (CTDHP) has placed a copy of each of the Department's fee schedules on the [www.ctdhp.com](http://www.ctdhp.com) Web site.

For questions about billing or if further assistance is needed to access the fee schedule on the CMAP Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:** Policy Transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers enrolled in CMAP by Hewlett Packard Enterprise.

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