

**Connecticut Medical Assistance Program**

Provider Bulletin 2017-95

Policy Transmittal 2017- 43

December 2017

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2018  
Contact: Donna Balaski, DMD**TO: All Dental Providers****RE: 2018 Dental Fee Schedule HIPAA Compliance Update**

Effective for dates of service January 1, 2018, and forward, the Department of Social Services is incorporating the 2018 Health Care Common Coding Procedural System (HCPCS) updates (additions, deletions and description changes) to its dental fee schedule.

The Department is making these changes to ensure that the dental fee schedule remains compliant with the Health Insurance Portability and Accountability Act. The changes apply to services reimbursed under all the HUSKY Health programs.

Beginning January 1, 2018, the Department is deleting the following Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes from the Dental Fee Schedule:

CDT/CPT Code	Description Summary
15732	Muscle-skin graft head/neck
31320	Diagnostic incision larynx
D5510	Denture repr broken compl bas
D5610	Dentures repair resin base
D5620	Rep part denture cast frame

Effective for dates of service January 1, 2018, and forward, the below CDT & CPT codes will be added to the Dental Fee Schedule to replace the above codes. The codes are now more specific regarding the types of dental services that will be rendered.

CDT/CPT Code	Description Summary	Fee Child	Fee Adult
15733	Muscmyoq/fscq flp h&n pedcl	879.13	466.48
D5511	Rep broke comp dent base man	189.14	100.36
D5512	Rep broke comp dent base max	189.14	100.36
D5611	Rep resin part dent base man	147.00	78.00
D5612	Rep resin part dent base max	147.00	78.00
D5621	Rep cast part frame man	58.80	31.20
D5622	Rep cast part frame max	58.80	31.20
D9222	Deep anest, 1st 15 min	124.46	66.04
D9239	Iv mod sedation, 1st 15 min	124.46	66.04

Effective for dates of service January 1, 2018, and forward, the below CDT & CPT codes will be added to the Dental Fee Schedule. Please note, these are new codes to the dental fee schedule and restrictions may apply.

CDT/CPT Code	Description Summary	Fee Child	Fee Adult
D1354	Interim Caries Arresting Med	28.42	15.08
21030	Excision of tumor maxillae	130.04	130.04

D2390	Ant. Crown, CR	205.80	N/A
88305	Microscopic Examination of Tissue; includes margin evaluation and written report.	35.42	35.42
88307	Microscopic Examination of Larger Tissue Specimen; includes margin evaluation and written report.	62.71	62.71

Select codes may require prior authorization (PA), dependent on provider type or specialty. Please see the dental fee schedule posted at [www.ctdssmap.com](http://www.ctdssmap.com) for more details.

### **Addition of Sodium Diamine Fluoride**

The dental code D1354 Interim Caries Arresting Medicament has been added to the dental fee schedule for use by **pediatric and general dentists** who treat children under six years of age and for adult and child members who have special healthcare needs. Reimbursement will be paid by application to the area of the oral cavity by the maxillary arch (designated by "01" by the American Dental Association's Universal/National Tooth Designation System) or mandibular arch (designated by "02") and must be prior authorized or post-procedure reviewed through the PA process. The rationale for the use of the sodium diamine fluoride should include radiographs or intraoral photographs with the documentation. PA should be submitted through the usual methods; this may be electronically through the [www.ctdhp.com](http://www.ctdhp.com) Web site or through the U.S. Postal Service in hard copy format.

To electronically upload a PA request, follow the steps outlined below:

1. Access the [www.ctdhp.com](http://www.ctdhp.com) Web site and click on "**Provider Partners**" and click on "**Provider Login.**"
2. Enter your Billing NPI and Tax ID numbers in the appropriate boxes and click on "**Submit.**"
3. A new screen will appear, click on "**Prior Authorization Upload.**"
4. Follow instructions for the prior authorization or post procedure review requests.

Hard copy submissions for non-orthodontic services that require PA should be sent to the following address:

**Prior Authorization**  
**C/O Bene Care Dental Plans**  
**P.O. Box 40109**  
**Philadelphia, PA 19106-0109**

PA requests that are approved will be valid for twelve months from the date of issue and will include the application of the silver diamine fluoride at three (3) month intervals.

### **Verifying Prior Authorization Status Electronically**

PA approval status may be verified via the CT Medical Assistance Program Web Portal at [www.ctdssmap.com](http://www.ctdssmap.com). Providers can log onto their secure Web account and access the "Prior Authorization inquiry link" on the right hand side to access the PA Inquiry or select Prior Authorization on the Menu Bar. Providers can search for PA approvals by the client ID if notification from CTDHP with the PA number has not yet been received. Providers may also verify the PA approval by

entering the letter "B" followed by the PA number provided by CTDHP.

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**Please refer to the fee schedule to determine the specific applicability of PA requirements by dental specialty.**

**Accessing the Fee Schedules:**

The adult and children's dental fee schedules can be accessed and downloaded by logging onto the Connecticut Medical Assistance Program Web site: [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 "**Dental**" fee schedule (Adult or Pediatric). To access the CSV file, press the control key while clicking the CSV link, then select "**Open**".

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program 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.

The Connecticut Dental Health Partnership (CTDHP) posts a copy of the adult and children's fee schedules on their Web site: [www.ctdhp.com](http://www.ctdhp.com).

**Posting Instructions:** Policy transmittals can be downloaded from [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

**Responsible Unit:** DSS, Division of Health Services, Integrated Care, Dental Unit, Donna Balaski, D.M.D. at (860) 424-5342 or [donna.balaski@ct.gov](mailto:donna.balaski@ct.gov).