



Connecticut Medical Assistance Program
 Policy Transmittal 2019-14

Provider Bulletin 2019-41
 June 2019

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2019
 Contact: Donna Balaski, DMD

TO: All Dental Providers
RE: Update to the Dental Fee Schedule; Cone Beam Computed Tomography Imaging

Effective July 1, 2019, dental providers will be required to seek prior authorization (PA) prior to using Cone Beam Computed Tomography (CBCT) imaging for **all** HUSKY A, B, C and D members. D0364 will remain on the dental fee schedule with a change in the paid fee while the subsequent following Current Dental Terminology (CDT) procedure codes will be added to the dental fee schedule.

For dates of service July 1, 2019 and forward, if a dental provider believes that CBCT imaging is medically necessary, as defined in section 17b-259b of the Connecticut General Statutes, the dental provider must seek and obtain PA from the Connecticut Dental Health Partnership (CTDHP) **before** performing CBCT imaging for a HUSKY member.

Post-procedure review will be permitted **ONLY** if the member has suffered a facial trauma.

When seeking PA for CBCT services, the dental provider must document why he or she believes the services are medically necessary. It is important to include with the PA request any previous images that were taken and an explanation for why plain films do not suffice.

CDT Code	Description
D0365	Cone Beam CT Capture and Interpretation with field of view one full dental arch – mandible
D0366	Cone Beam CT Capture and Interpretation with field view of one full dental arch – maxilla, with or without cranium
D0367	Cone Beam CT Capture and Interpretation with field of view of both jaws; with or without cranium
D0368	Cone Beam CT Capture and Interpretation for TMJ series including two or more exposures

Please refer to Provider Bulletin 2019-24 for details about how to submit PA requests. The process for submitting a PA request is also contained in the CTDHP provider manual or providers may call CTDHP Provider Relations at 1-888-445-6665.

Please refer to the appropriate adult and pediatric dental fee schedule for the updated codes and reimbursement rates for each code.

If the CTDHP agrees that the requested CBCT services are medically necessary, as defined in section 17b-259b of the Connecticut General Statutes, the CTDHP will approve the request and the Connecticut

Prior Authorization Required

Medical Assistance Program (CMAP) will pay for the services.

If the CTDHP denies the dental provider's PA request as not medically necessary, CTDHP will inform the HUSKY member and the dental provider. The HUSKY member may appeal that determination through the DSS hearing process. If the hearing officer rules that the services requested in the PA request are medically necessary, CMAP will pay for the CBCT imaging.

If the member does not appeal the CTDHP's decision, the member may choose to pay out-of-pocket for the CBCT imaging. The member must knowingly elect to receive the services, in writing, **before the services are provided.**

Please see Provider Bulletin PB 19-24 for details about what type of information the payment agreement must include.

Remember that a dental provider may not perform CBCT imaging for a HUSKY member without first seeking PA from the CTDHP.

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