



Roderick L. Bremby, Commissioner

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

TO: All Dental Providers
RE: 2019 Dental Fee Schedule Clarifications and HIPAA Compliance Update

Effective for dates of service January 1, 2019 and forward, the Department of Social Services (DSS) has incorporated the 2019 Healthcare Common Procedure Coding System (HCPCS) updates (additions, deletions and description changes) to its dental fee schedule.

DSS has made these changes to ensure that the dental fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). The changes apply to services reimbursed under all the HUSKY Health A, B, C and D programs.

Effective January 1, 2019 and forward, DSS has **deleted** the following Current Dental Terminology (CDT) codes from the dental fee schedule:

| CDT Code | Description Summary |
|----------|--|
| D1515 | Space Maintainer – fixed – bilateral |
| D1525 | Space Maintainer – removable – bilateral |
| D9940 | Occlusal Guard, by report |

Effective for dates of service January 1, 2019 and forward, the below CDT codes have been **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 Code | Description Summary | Fee Child | Fee Adult |
|----------|--|-----------|-----------|
| D1516 | Space Maintainer fixed – bilateral, maxillary | \$321.44 | \$170.56 |
| D1517 | Space Maintainer – fixed – bilateral, mandibular | \$321.56 | \$170.56 |
| D1526 | Space Maintainer – removable – bilateral, maxillary | \$343.00 | \$182.00 |
| D1527 | Space Maintainer – removable – bilateral, mandibular | \$343.00 | \$182.00 |
| D9944 | Occlusal Guard – hard appliance, full arch | \$335.16 | \$335.16 |
| D9945 | Occlusal Guard – soft appliance, full arch | \$150.00 | \$150.00 |

Effective for dates of service January 1, 2019 and forward, the below CDT & Current Procedural Terminology (CPT) codes have been **added** to the Dental Fee Schedule. Please note, these are new codes to the dental fee schedule and restrictions may apply.

| CDT Code | Description Summary | Fee Child | Fee Adult | CPT Code | Description Summary | Fee Child | Fee Adult |
|----------|--|-----------|-----------|----------|--|-----------|-----------|
| D0412 | Blood Glucose, finger - stick | \$4.54 | \$3.50 | 21026 | Excision of facial bone(s) | \$330.58 | \$330.58 |
| D9610 | Infusion of therapeutic drug - single dose | M.P. | M.P. | 21029 | Contour of face bone lesion | \$425.25 | \$425.25 |
| D9613 | Infiltration of sustained release therapeutic analgesic - multiple sites | \$210.00 | \$210.00 | 21030 | Excise maxillary &/or zygoma benign tumor | \$275.42 | \$275.42 |
| 20220 | Biopsy of bone; trocar or needle | \$131.27 | \$131.27 | 21031 | Remove exostosis mandible | \$212.69 | \$212.69 |
| 20225 | Biopsy of bone deep | \$591.08 | \$591.08 | 21032 | Remove exostosis maxilla | \$216.78 | \$216.78 |
| 20240 | Biopsy bone; open superficial | \$136.86 | \$136.86 | 21034 | Excise maxillary and/or zygoma malig. tumor. | \$772.43 | \$772.43 |
| 20245 | Biopsy bone open deep | \$366.89 | \$366.89 | 21045 | Extensive jaw surgery | \$699.88 | \$699.88 |
| 21010 | Incision of TM joint | \$417.02 | \$417.02 | 21046 | Remove mandible cyst complex | \$622.90 | \$622.90 |
| 21011 | Excision face lesion, subq <2 cm | \$155.99 | \$155.99 | 21047 | Excise mandible cyst w/repair | \$765.42 | \$765.42 |
| 21012 | Excision face lesion subq, >2 cm | \$163.42 | \$163.42 | 21048 | Remove maxillae cyst complex | \$634.15 | \$634.15 |
| 21013 | Excision face tumor deep < 2 cm | \$244.21 | \$244.21 | 21049 | Excise maxillary cyst w/repair | \$727.35 | \$727.35 |
| 21014 | Excision of face tumor deep > 2 cm | \$251.74 | \$251.74 | 21050 | Removal of the TM joint | \$496.85 | \$496.85 |
| 21015 | Resect face/scalp tumor < 2 cm | \$251.15 | \$251.15 | 21070 | Remove the coronoid process | \$373.04 | \$373.04 |
| 21016 | Resection of face/scalp tumor >2 cm | \$502.53 | \$502.53 | 21073 | Manipulation of TM Joint, requiring anesthesia | \$217.41 | \$217.41 |

| CPT Code | Description Summary | Fee Child | Fee Adult | CPT Code | Description Summary | Fee Child | Fee Adult |
|----------|----------------------------------|------------|------------|----------|--|------------|------------|
| 21076 | Prepare face for oral prosthesis | \$598.75 | \$598.75 | 21116 | Injection jaw joint x-ray | \$25.33 | \$25.33 |
| 21077 | Prepare face for oral prosthesis | \$1,493.57 | \$1,493.57 | 21125 | Augmentation mandible; prosthetic material | \$1,727.94 | \$1,727.94 |
| 21079 | Prepare face for oral prosthesis | \$1,015.54 | \$1,015.54 | 21127 | Augmentation of mandible w/ autologous graft | \$1,655.20 | \$1,655.20 |
| 21080 | Prepare face for oral prosthesis | \$1,154.06 | \$1,154.06 | 21137 | Reduction of forehead | \$420.57 | \$420.57 |
| 21081 | Prepare face for oral prosthesis | \$1,048.82 | \$1,048.82 | 21138 | Reduction of forehead with contouring with prosthetic material | \$531.82 | \$531.82 |
| 21082 | Prepare face for oral prosthesis | \$950.46 | \$950.46 | 21139 | Setback of anterior frontal sinus wall | \$592.00 | \$592.00 |
| 21083 | Prepare face for oral prosthesis | \$902.13 | \$902.13 | 21209 | Incision and repair of bony defect of cheek bone inclu | \$457.68 | \$457.68 |
| 21084 | Prepare face/oral prosthesis | \$1033.92 | \$1033.92 | 21235 | Ear cartilage graft to nose or ear includes harvesting graft | \$411.95 | \$411.95 |
| 21085 | Prepare face for oral prosthesis | \$410.29 | \$410.29 | 21240 | Arthroplasty, TMJ with or without graft | \$656.6 | \$656.60 |
| 21086 | Prepare face for oral prosthesis | \$1,115.38 | \$1,115.38 | 21242 | Arthroplasty, TMJ w allograft | \$603.50 | \$603.50 |
| 21087 | Prepare face for oral prosthesis | \$1,102.76 | \$1,102.76 | | | | |
| 21089 | Prepare face for oral prosthesis | M.P. | M.P. | | | | |
| 21100 | Maxillofacial fixation | \$408.07 | \$408.07 | | | | |
| 21110 | Interdental fixation | \$399.88 | \$399.88 | | | | |

| CPT Code | Description Summary | Fee Child | Fee Adult | CPT Code | Description Summary | Fee Child | Fee Adult |
|----------|--|-----------|-----------|----------|---|-----------|-----------|
| 21243 | Arthroplasty, TMJ with prosthetic joint | \$976.20 | \$976.20 | 21502 | I & D deep abscess thorax with partial rib osteotomy | \$250.72 | \$250.72 |
| 21282 | Lateral canthoplexy | \$202.11 | \$202.11 | 21510 | I & D deep abscess of chest requiring opening of bone cortex | \$308.25 | \$308.25 |
| 21295 | Reduction of mand & masseter | \$105.31 | \$105.31 | 21550 | Biopsy of neck/chest | \$89.31 | \$89.31 |
| 21296 | Reduction of mandible and masseter; intraoral approach | \$230.79 | \$230.79 | 21552 | Exc neck lesion 3 cm/> | \$141.16 | \$141.16 |
| 21299 | Cranio – facial max surgery | M.P. | M.P. | 21554 | Exc neck tumor deep > 5 cm | \$216.22 | \$216.22 |
| 21336 | Open treatment of nasomaxillary fracture | \$380.82 | \$380.82 | 21555 | Excision of neck lesion subq < 3 cm | \$183.38 | \$183.38 |
| 21344 | Open treatment of depressed frontal sinus fracture | \$883.10 | \$883.10 | 21556 | Exc neck tumor deep < 5 cm | \$242.64 | \$242.64 |
| 21348 | Open treatment of frontal sinus fracture with bone graft | \$654.25 | \$654.25 | 21557 | Resect neck thorax tumor < 5cm | \$231.20 | \$231.20 |
| 21499 | Unspecified musculoskeletal craniofacial surgery | \$338.41 | \$338.41 | 21558 | Resect neck tumor > 5 cm | \$333.05 | \$333.05 |
| 21501 | I & D deep abscess of neck or thorax | \$182.28 | \$182.28 | 21600 | Partial removal of rib | \$662.45 | \$662.45 |
| | | | | 21610 | Open tx of complicated frontal sinus fracture, coronal approach | \$311.18 | \$311.18 |
| | | | | 21615 | Removal of first - cervical rib | \$602.17 | \$602.17 |
| | | | | 21616 | Removal of rib | \$400.61 | \$400.61 |

| CPT Code | Description Summary | Fee Child | Fee Adult |
|----------|---|-----------|-----------|
| 21620 | Ostectomy of sternum – partial | \$490.45 | \$490.45 |
| 21627 | Sternal Debridement | \$310.16 | \$310.16 |
| 21700 | Division of scalenous | \$565.44 | \$565.44 |
| 21705 | Division of scalenous with resection of rib | \$243.69 | \$243.69 |
| 21720 | Division of SCM for torticalis | \$364.45 | \$364.45 |
| 21725 | Div of SCM for tort w casting | \$208.91 | \$208.91 |
| 64716 | Neurolysis or Nerve Decompression | \$299.59 | \$299.59 |
| 64910 | Neurorrhaphy With Nerve Graft, Vein Graft or Conduit Procedures | \$394.65 | \$394.65 |

Select codes may require prior authorization (PA), depending on provider type or specialty. Please see the dental fee schedule posted at the Connecticut Medical Assistance Program (CMAP) Web site www.ctdssmap.com for more details.

Special Instructions for D9610

Code D9610 is new to the dental fee schedule and requires submission as a PA or post – procedure review (PPR) for payment since the code is manually priced according to the type of medication used. When submitting the PA or PPR request, please indicate what

parenteral type of medication was used and the usual and customary amount charged for each medicament. Up to two (2) drugs may be billed per patient per visit.

Code D9613 for EXPAREL®

Beginning on January 1, 2019, the Connecticut Medical Assistance Program (CMAP) will reimburse dental providers for the use of EXPAREL® when used in conjunction with third-molar or full mouth extractions.

By using this EXPAREL®, dental providers can assist in addressing the current opioid epidemic by reducing a member's exposure to opioids which is especially important for late teenagers and young adults.

Electronic submissions for PA/PPR must include "EXPAREL®" in the remarks section.

Code Restriction Clarification

CDT code D2390 (Resin-based composite crown, anterior) is a covered benefit for the primary dentition only. The primary anterior dentition is comprised of teeth C, D, E, F, G, L, M, N, O, P and Q.

Prior Authorization & Post – Procedure Review

PAs and PPRs should be submitted through the usual methods; this may be electronically through the Connecticut Dental Health Partnership (CTDHP) 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 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.

Verifying Prior Authorization Status Electronically

PA approval status may be verified via the CMAP Web Portal at www.ctdssmap.com. Providers can log onto their secure Web account and access the "PA inquiry link" on the right hand side to access the Prior Authorization Inquiry or select Prior Authorization on the Menu Bar. Providers can search for prior authorization approvals by the client ID if notification from CTDHP with the PA number has not yet been received. Providers may also verify the prior authorization approval by entering the letter "B" followed by the prior authorization number provided by CTDHP.

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 CMAP Web site: 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 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.

CTDHP posts a copy of the adult and children's fee schedules on their Web site: www.ctdhp.com.

Posting Instructions: Policy transmittals can be downloaded from 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.

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