

interChange Provider Important Message

Annual Dental Benefit Maximum (Updated 1/12/18)

Attention: Dental Providers

Per the notification provided to Dental providers enrolled in the Connecticut Medical Assistance Program (CMAP) via [Provider Bulletin 2017-81](#), an annual dental benefit maximum of \$1,000 has been implemented for dental services provided to adult clients ages 21 and older enrolled in HUSKY A, C and D benefit plans for dates of service January 1, 2018 and forward. The dental benefit limit will reset on January 1st of each year.

DXC Technology has implemented the following enhancements to assist providers with this policy change.

Client Eligibility:

Web Eligibility: The Web eligibility from the secure provider portal at www.ctdssmap.com has been enhanced to display the Dental Annual Benefit Maximum under the "Limit Information" panel. Providers will be able to see the "Annual Maximum" and the "Remaining Balance" if any claims have been processed against the benefit limit for the client.

Description	Service Type Codes	Effective Date	End Date	Limit Information		Message
				Annual Maximum	Remaining Balance	
Dental Annual Benefit Maximum	35,40	01/01/2018	12/31/2018	\$1,000.00	\$751.96	Claims not yet received or not yet processed may reduce available benefits. Eligibility verification and confirmation of coverage or remaining benefits is not a guarantee of payment.

HIPAA 270-271 Eligibility Transaction: Batch eligibility will also return the benefit limit information for dental services.

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Eligibility or
Benefit Information:      F - Limitations
Service Type Code:      35^40
Plan Coverage
Description:
Time Period Qualifier:   23 - Calendar Year
Monetary Amount:        $1,000.00
Plan Date:               01/01/2018-12/31/2018

Message Text:
Claims not yet received or not yet processed may reduce
available benefits. Eligibility verification and conf
irmation of coverage or remaining benefits is not a gua
rantee of payment.

Eligibility or
Benefit Information:      F - Limitations
Service Type Code:      35^40
Plan Coverage
Description:
Time Period Qualifier:   29 - Remaining
Monetary Amount:        $0.00
Plan Date:               01/01/2018-12/31/2018
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Claims History for Specific Services functionality:

"Claims history for specific services" lookup from the secure Web portal has been enhanced to include "Dental Benefit Limit" as an Inquiry Type. Once logged into the secure portal from www.ctdssmap.com, providers can click on "claim history for specific services" from under the "Claims" link. Enter the Client ID, select "Dental Benefit Limit" as the Inquiry Type, enter the Date of Service and click "Search".

Connecticut Department of Social Services
Making a Difference

Wednesday, January 03, 2018

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization **Claims** Eligibility Prior Authorization Hospice MAPIR Account ConnPACE

home claim inquiry **claim history for specific services**

Claim History for Specific Services

Client ID* 009999999

Inquiry Type* Dental Benefit Limit

Procedure

Date of Service* 01/03/2018

search

clear

The search results will display any claims that have processed for the client for the specified benefit period. Providers will be able to see the "Total Amount Paid" of the benefit limit and any "Remaining Amount" for the benefit period. This will assist providers in determining if the client will be responsible for any portion or for of all the services if they elect to receive them.

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home claim inquiry **claim history for specific services**

Claim History for Specific Services

Client ID* 009999999

Inquiry Type* Dental Benefit Limit

Procedure

Date of Service* 01/03/2018

search

clear

Benefit History

Date of Service	Procedure	Tooth Quadrants	Tooth Number	Tooth Surface	Paid Amount	Units Allowed	Paid Date	ICN	Detail Number	PA Indicator	Provider Name	Phone
01/02/2018	D0140 - Limit oral eval p				\$24.96	1	01/03/2018	2218002051541	1	No	MAPIR, JENNIFER OF BRIDGEPORT P.C.	(860)255-3900
01/02/2018	D2150 - Amalgam two surfa	14	L	O	\$59.28	1	01/03/2018	2218002051541	2	No	MAPIR, JENNIFER OF BRIDGEPORT P.C.	(860)255-3900
01/02/2018	D2161 - Amalgam 4 q> su	18		D L O	\$104.08	1	01/03/2018	2218002051541	3	No	MAPIR, JENNIFER OF BRIDGEPORT P.C.	(860)255-3900
01/02/2018	D7140 - Extraction erupte	16			\$59.68	1	01/03/2018	2218002051541	4	No	MAPIR, JENNIFER OF BRIDGEPORT P.C.	(860)255-3900
					Total Amount Paid:	\$248.04			Remaining Amount:	\$751.96		

Dental providers who submit a claim for a client nearing his or her annual benefit maximum limit, will receive a partial payment up to the annual maximum of \$1000. For a Federally Qualified Health Centers (FQHCs), the payment per encounter will be partially paid if the client is nearing his or her annual benefit maximum limit and the final encounter will exceed the maximum UNLESS additional encounters have been prior authorized.

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Please note, all types of partial dentures will count toward the annual dental benefit maximum. A partial denture may be approved if medically necessary for the client if the maximum benefit is reached within a calendar year.

All providers are strongly encouraged to submit unpaid claims for processing and payment on a timely basis when procedures are completed and delivered. All claims for clients are processed and are paid based on their submission date; on a first submitted first paid basis.

Explanation of Benefit (EOB) Code 6250 - Dental Annual Benefit Limit Exceeded; and Client Responsibility:

Once the Dental Benefit Limit has been reached and a claim is submitted for the client, the detail(s) will post EOB code 6250 - Dental Annual Benefit Limit Exceeded. For any detail that posts EOB 6250, the Remittance Advice (RA) will list the amount for which the client is responsible.

PDF Remittance Advice: A new field titled "Client Resp" has been added to the PDF RA that providers download from their secure portal at www.ctdssmap.com.

CLIENT NAME: Baby Cary		CLIENT NO.: 009999999										
1	2217277050032	NPI 1234567890	010118	010118	1,626.80	1,000.00	0.00	0.00	1,000.00			
CO 19260 TC19												
PL	SERV	PROC CD	TOOTH	SURFACE	QUAD	DATE	SVC	BILLED AMOUNT	ALLOWED AMOUNT	CLIENT RESP	DETAIL	EOBS
11		D7640					010118	458.00	457.60	0.00	9918	
11		D7840					010118	618.80	542.40	76.40	6250	
11		D7473			30		010118	550.00	0.00	550.00	9918	6250

HIPAA 835 Remittance Advice: On the 835, client responsibility amount is reported under Claim Adjustment Reason code 273 with a 'PR' indicating Patient Responsibility.

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CLP*CO 19260 TC19*1*1626.8*1000**MC*2217277050032*11
NM1*QC*1*XXXXXXXXXX *XXXXXXXXXX ****MR*009999999
NM1*82*2*****MC*0080000000
DTM*232*20180101
DTM*233*20180101
DTM*050*20180103
SVC*AD:D7640*458*457.6*1746*1**0
DTM*472*20180101
CAS*CO*119*.4
AMT*B6*457.6
LQ*HE*N45
SVC*AD:D7840*618.8*542.4*1746*1**0
DTM*472*20180101
CAS*PR*273*76.4
AMT*B6*542.4
LQ*HE*N435
SVC*AD:D7473*550*0*1746*1**0
DTM*472*20180101
CAS*PR*273*550
LQ*HE*N435
LQ*HE*N45
    
```

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Please refer to Provider Bulletin 2017-81 for requirements around billing HUSKY clients for dental services that exceed the annual dental benefit maximum.