



Deidre S. Gifford, M.D., M.P.H., Commissioner

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

TO: All Dental Providers, Dental Clinics and Federally Qualified Health Centers
RE: Update to the Dental Fee Schedule; Composite Resin Restoration of Incipient Carious Lesions

This updated policy transmittal is to inform you that, effective November 1, 2019, a new code, D2990, “Resin Infiltration of Incipient Smooth Surface Lesions,” will be added to the dental fee schedule. The new code affects all HUSKY Health members, i.e., HUSKY A, B, C and D.

This policy transmittal supersedes PB 19-51 “Update to the Dental Fee Schedule; Composite Resin Restoration of Incipient Carious Lesions”.

The code will be consistent with the Current Dental Terminology (CDT) code to comply with the Healthcare Common Procedure Coding System (HCPCS). Prior Authorization (PA) prior to billing for this service is not required for pediatric and general dentists. PA is required, however, for other specialties such as endodontists, periodontists and oral surgeons. Please refer to the dental fee schedule for the reimbursement rate and dental type and specialty PA requirements for the code.

Please see Provider Bulletin 2019-24 for details about how to submit PA requests. The process for submitting a PA requests is also contained in the Connecticut Dental Health Partnership (CTDHP) provider manual or you may call the CTDHP Provider Relations at 1-888-445-6665.

Applicability of the New Code

The CDT code which is being added to the dental fee schedule is D2990, and is applicable for certain primary and permanent

dentition as follows: For primary dentition, it may be used for teeth A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S & T. For permanent dentition, it may be used for teeth 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 & 31.

In addition, this new procedure code may be used for only certain tooth surfaces, as follows (with abbreviations to include on the claim form):

Eligible Tooth Surfaces	Abbreviation
Buccal	B
Distal	D
Facial	F
Lingual	L
Mesial	M

New CDT Code D2990 may not be used for a tooth’s occlusal or incisal surface, whether for primary or permanent dentition.

Posting Instructions: Policy transmittals may be downloaded from www.ctdssmap.com.

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

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Date Issued: October 2019