



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: January 1, 2020
Contact: Donna Balaski, DMD @ 860-424-5342

TO: All Dental Providers
RE: 2020 Dental Fee Schedule Clarifications and HIPAA Compliance Update

Effective for dates of service January 1, 2020 and forward, the Department of Social Services (DSS) has incorporated the 2020 Healthcare Common Procedure Coding System (HCPCS) updates (additions, deletions and description changes) to its Dental Fee Schedule.

DSS is making 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 the HUSKY Health A, B, C and D programs.

Effective January 1, 2020, DSS has **deleted** the following Current Dental Terminology (CDT) codes from the dental fee schedule:

CDT Code	Description Summary
D1550	Recement Space Maintainer
D1555	Removal of Fixed Space Maintainer
D8692	Replacement of Lost/Broken Retainer

Effective for dates of service January 1, 2020 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
D1551	Recement space maintainer-maxillary
D1552	Recement space maintainer-mandibular
D1553	Recement unilateral space maintainer- per quad
D1556	Removal of unilateral space maintainer-per quad
D1557	Removal of bilateral space maintainer per quad-maxillary
D1558	Removal of bilateral space maintainer per quad-mandibular
D8703	Replacement retainer-maxillary
D8704	Replacement retainer-mandibular

Effective for dates of service January 1, 2020 and forward, the below CDT 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
D9997	Dental case management-SCHN
D7922	Intra-Socket bio dressing for hemostasis-per site
D8696	Repair of ortho appliance-maxillary
D8697	Repair of ortho appliance-mandibular

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

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

For questions regarding the PA process, please contact the Connecticut Dental Health Partnership (CTDHP) at 1-855-CTDENTAL or Provider Services at 1-800-222-9150.

Accessing the Fee Schedules:

The adult and children's dental fee schedules can be accessed and downloaded by logging on to 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**". An Important Message (IM) will be posted and distributed to all providers once the fee schedules have been updated.

For questions about billing or if further assistance is needed to access the fee schedules 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.

Date Issued: December 2019