



Connecticut Medical Assistance Program
Policy Transmittal 2026-13

Provider Bulletin 2026-21
May 2026

Andrea Barton Reeves, J.D., Commissioner

Effective Date: May 1, 2026
Contact: connie.m.estanislau@ct.gov

TO: All Dental Providers

RE: Increases to the Reimbursement Rates for Select Dental Services for Adults

Pursuant to Public Act 25-168, the SFY 26 and SFY 27 biennial budget, the Department of Social Services (DSS) will increase reimbursement rates for select dental services on the dental fee schedule for adults which are reimbursed under the HUSKY Health programs.

DSS will be increasing the reimbursement rates for select services for HUSKY Health members, 21 years and older to reduce disparity and improve access to dental care.

Effective for dates of services, May 1, 2026, and forward, the reimbursement rates for the following Current Dental Terminology (CDT) codes will be increased.

CDT Code	Description Summary	New Rates for Adults
D0120	Periodic Exam	\$34.30
D0150	Comprehensive Oral Exam	\$49.30
D1110	Adult Prophylaxis	\$62.72

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.

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Responsible Unit: DSS, Division of Health Services, Integrated Care, Dental Unit, email: connie.m.estanislau@ct.gov.

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