



Connecticut Medical Assistance Program
Policy Transmittal 2021-35

Provider Bulletin 2021-52
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Effective Date: August 1, 2021
Email: hope.mitchell-williams@ct.gov

TO: All Dental Providers

RE: Reminder for Medical Necessity for Dental Imaging and Limitations for Occlusal Radiographs

Effective for dates of service August 1, 2021 and forward, the Department of Social Services (DSS) is updating the dental guidelines concerning radiographic coverage. The dental regulations and policies have been put in place to reduce dental procedures that are not medically necessary while maintaining services that will prevent further disease and continue the maintenance of oral health.

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

(D0240) Occlusal Imaging

Occlusal Radiographs (Imaging) are limited to one time per member per arch (maxillae and mandible) per provider every two years. This applies to pediatric dentists, endodontists, dental anesthesiologists, general dentists, orthodontists, oral pathologists, periodontists and public health dentists.

Oral Radiologists and Oral Surgeons may take up to three occlusal radiographs per visit (3 for maxillae and 3 for mandible) when evaluating fractures, position of unerupted teeth, supernumerary teeth, foreign bodies, tumors, or cysts per provider per member every year. Additional films can be prior authorized for reasons of medical necessity.

Prior Authorization

Prior authorization is not required for occlusal radiographs **unless** the limit needs to be exceeded.

It is important to note the need or reason for taking any radiograph and the interpretation of the results of all radiographs must be documented in the patient's chart. It is acceptable to state the radiograph or image was within normal limits or "WNL".

Reasons for medical necessity may include, but are not limited to, the following:

A. Positive Historical Findings

1. History of pain or trauma.
2. Familial history of dental anomalies.
3. Suspicion or evidence of foreign bodies.
4. Presence of supernumerary or unerupted teeth.
5. Suspicion or evidence of cysts or tumors.
6. Suspicion or evidence of a tooth fracture or deep decay.
7. Suspicion or evidence regarding the integrity and/or quality of a restoration.
8. Postoperative evaluation of healing.
9. Presence of implants, previous implant-related pathosis or evaluation for implant placement.

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease.
2. Large or deep restorations with symptoms.
3. Deep carious lesions.
4. Mal - opposed or clinically impacted teeth.
5. Swelling or lymphadenopathy.
6. Evidence of dental/facial trauma.
7. Mobility of teeth.
8. Sinus tract (fistula).
9. Clinically suspected sinus pathosis.
10. Growth abnormalities.
11. Presence of congenital abnormalities and/or syndromes.
12. Oral involvement in known or suspected systemic disease.
13. Positive neurologic findings in the head and neck.
14. Pain and/or dysfunction of the temporomandibular joint.
15. Facial asymmetry.
16. Abutment teeth for fixed or removable partial prosthesis.
17. Unexplained bleeding.
18. Unexplained sensitivity of teeth.
19. Unusual eruption, spacing or migration of teeth.
20. Unusual tooth morphology, calcification, or color.
21. Unexplained absence of teeth.
22. Clinical tooth erosion.
23. Peri-implantitis; and
24. Positive pulp test.

Accessing the Fee Schedule

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

Posting Instructions:

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution:

This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

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