



Connecticut Medical Assistance Program
Policy Transmittal 2021-43

Provider Bulletin 2021-60
August 2021

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Effective Date: September 1, 2021
Email: Donna.balaski@ct.gov

TO: Physicians, Dentists, Dental Hygienists, Advanced Practice Registered Nurses, Physician Assistants, Dental Clinics and Federally Qualified Health Centers

RE: Oral Health Assessment and Fluoride Varnish Application Services at Well-Child Visits – The Access to Baby Care Program (ABC Program) for Non-Dental Providers (Revised).

This provider bulletin (PB) supersedes PB 19-38 Update for Billing Codes for the Access for Baby Care to Dental Examination and Fluoride Program (ABC Program).

Effective for dates of service September 1, 2021 and forward, the Department of Social Services (DSS) is updating the dental guidelines concerning The Access to Baby Care Program (ABC Program) for Non-Dental Providers.

In an effort to reduce or prevent dental caries (cavities) for children up to the age of 7 who are HUSKY Health members and to comply with the EPSDT/Preventive Pediatric Health Care Guidelines, DSS established a program to encourage physicians, physician assistants (PAs) and advanced practice registered nurses (APRNs) to become certified to perform select dental services as a non-dental provider under the ABC Program. **Dental providers are not eligible to participate in the ABC Program.**

The Connecticut Dental Health Partnership (CTDHP) will train non-dental providers (medical providers) in person or in a virtual setting at no cost to providers. The training will enable providers to perform oral health assessments, apply fluoride varnish and provide follow up care to HUSKY Health

children under the age of 7 years. Providers will receive one Continuing Education Unit

(CEU) credit at completion of the free training.

In order for Connecticut Medical Assistance Program (CMAP) medical providers to participate in the ABC Program and be reimbursed for services, each provider **must:**

- (1) be eligible to bill off of the physician office and outpatient fee schedule; (2) complete the CTDHP training; (3) retain documentation of completion of the training and the CEU certificate and provide a copy to the CTDHP for record keeping.

Failure to meet these requirements will result in a denied claim. After the requirements are met, the medical provider will only then be able to resubmit the claim for reimbursement.

Eligible medical providers who have received the CEU for the completion of the ABC Program training must use the following codes and/or modifier when billing for services eligible under the ABC Program.

Physician Office and Outpatient Fee Schedule for ABC Program Services

Performed in Office and Outpatient Settings Other than Federally Qualified Health Centers (FQHCs)

The coding for the oral health assessment and application of fluoride varnish is being revised. Eligible medical providers who have

received the CEU for the completion of the ABC Program training must use the following codes and/or modifier when billing for services eligible under the ABC Program.

Oral Health Assessment

Modifier “DA-Oral health assessment by a licensed health professional other than a dentist” must be billed with select Evaluation and Management (E/M) procedure codes when billing for the ABC Program oral health assessment. This modifier can only be billed when oral health assessments are performed on HUSKY Health members under the age of 7 years.

Code	Description
99202-99205*	Office & Outpatient Services – New Patient
99211-99215*	Office & Outpatient Services – Established Patient
99381-99383*	Preventative Medicine Services – New Patient
99391-99393*	Preventative Medicine Services – Established Patient

*CPT codes **99202-99205**; 99211-99215, 99383 and 99393 should only be billed with modifier DA for HUSKY Health members under the age of 7 years.

The billing of these select E/M procedure codes with modifier DA will reimburse an additional \$25.00 to the current rate listed on the physician office and outpatient fee schedule for performance of an oral health assessment.

Additional Preferred Secondary Assessment Codes

Aligned with ABC Training on oral health assessment, DSS strongly encourages the assessment of oral health risk factors via the submission of Dental Caries Assessment Procedure codes when billing the Oral Health Assessment. Use of the assessment codes

will enable DSS to proactively reach out to members with exhibited dental caries risks to link them to oral health services.

Code	Description
Z91.841	Risk for dental caries, low
Z91.842	Risk for dental caries, moderate
Z91.843	Risk for dental caries, high

Application of Topical Fluoride Varnish

The following CPT code must be billed when an eligible medical provider applies topical fluoride varnish.

Code	Description	Rate
99188	App topical fluoride varnish	\$20.00

The eligible medical provider who only applies fluoride varnish will be reimbursed \$20.00. If the provider only performs the oral health assessment, reimbursement will be \$25.00. If the eligible medical provider performs an oral health assessment **and** applies fluoride varnish, the provider will be reimbursed \$45.00. Eligible medical providers must follow the coding as outlined above to receive the appropriate reimbursement.

Physicians, APRNs and PAs working in office and hospital outpatient settings may become certified to perform these select dental services as non-dental providers under the ABC Program. Billing for these services, however, must follow the above-referenced

coding. Providers are reminded to bill with place of service 19 or 22 on the professional claim if the service is performed in the hospital setting. DSS considers procedure code 99188 to be a professional service only.

Physicians, APRNs and PAs may delegate application of fluoride varnish to Registered

Nurses (RN), Licensed Practical Nurses (LPN) or Certified Medical Assistants (CMA) under their supervision. Oral assessments must be performed by the Physician, PA or APRN.

Federally Qualified Health Centers Medical

As in other outpatient settings, eligible medical providers may perform oral health assessments and apply fluoride varnish to HUSKY Health members under the age of 7 years of age. Eligible medical providers at medical FQHCs should list CPT code 99188 along with on the encounter for information purposes only, FQHCs will be paid its regular encounter rate for performing oral health assessments and applying fluoride varnish for this population during a well-child visit. **DSS will not issue supplemental payments for oral health assessments and fluoride applications performed by eligible medical providers at medical FQHCs.**

FQHCs are reminded that claims billed by a licensed dental professional, whether in a medical office or a dental clinic, for application of fluoride varnish (both CDT code D1206 or CPT code 99188) and/or an oral health assessment, will be denied. To bill for dental service at an FQHC dental clinic, the full range of periodic services (prophylaxis, examination, fluoride, and bitewing radiographs if applicable) must be provided at the appropriate time intervals.

Questions

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

For questions regarding ABC Training or to sign up for a Training session, please contact the ABC Program Coordinator, Leigh Lynn Vitukinas RDH, MSDH at leighlynn.vitukinas@ctdhp.com or 1-855-CT-DENTAL (855-283-3682).

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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