



Connecticut Medical Assistance Program
Policy Transmittal 2021-42

Provider Bulletin 2021-61
September 2021

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

TO: All Dental Providers

RE: Treatment Planning and Radiographic Imaging Requirements

Effective for dates of service September 1, 2021 and forward, the Department of Social Services (DSS) is changing the treatment planning and radiographic imaging requirements for HUSKY Health members who receive dental services through the Connecticut Dental Health Partnership (CTDHP).

These requirements are being implemented to ensure that all children and adult HUSKY Health members receive timely and appropriate sequencing of their dental care and to reduce multiple prior authorization (PA) requests for a single member. The result will be a more streamlined PA process that will promote continuity of care. The changes apply to dental services reimbursed for all members under HUSKY A, B, C and D.

DSS is requiring that all dental providers who will perform more than one endodontic, crown or prosthodontic procedures on a HUSKY Health Member submit a treatment plan document with radiographic imaging and supporting documentation to the Connecticut Dental Health Partnership (CTDHP). The treatment plan and supporting documentation should be submitted via the electronic prior authorization process or by United States Postal Service (USPS) mail.

A treatment plan does **NOT** need to be submitted for single tooth procedures, if all of the member's other restorative needs have been completed. Treatment plans are required for HUSKY Health members who have extensive yet untreated needs. A CTDHP dental consultant may request a treatment plan from a dental office if he/she observes

that treatment goals and treatment plans are not aligned.

A sample treatment plan document may be obtained from the CTDHP Web site: www.ctdhp.org or submit treatment planning forms generated from practice management software or on paper are also acceptable.

Treatment Planning:

HUSKY Health Members often present to a dental office with a myriad of dental problems that include: esthetic problems, occlusal problems, multiple missing teeth requiring replacement to restore function, structural problems with their teeth, periodontal disease, caries and other oral pathologies. To address these varying issues in a predictable fashion, it is essential that each dental provider begin with collecting all of the information required to make an accurate diagnosis, and then develop a complete, properly sequenced treatment plan to treat and control the oral diseases and conditions in a logical and orderly approach that results in the delivery of definitive treatment and brings the member-patient into oral health maintenance.

Phases of Treatment Planning:

Objective: To evaluate a patient's oral health and develop a strategy to eliminate pathology, restore the patient's dentition and provide and advise on long term preventive dental care. Treatment should be then approached by orderly phases of treatment.

Phase One Includes The:

- Assessment or Consultation: Medical History, Dental Examination and Charting, Consent for examination and radiographs
- Treatment of Dental Emergencies – pain, infection, fractured tooth, or alveolar bone.
- Endodontic care of acute infections
- Extraction of loose non– restorable teeth
- Oral Hygiene Treatment
- Comprehensive Examination, Complete Mouth Series of Radiographs, Diagnostic Impressions, if needed
- Oral Hygiene Instructions, Diet Counseling, Prescription Fluoride or other Dentifrices
- Formulation of a Definitive Treatment Plan

Phase Two Includes The:

- Treatment of Emergent Endodontic Therapy
- Periodontal Treatment involving initial therapy [Scaling and Root Planning (SRP)*]
- The Extraction of non–restorable teeth
- Other Oral Surgical Procedures
- Caries Control and definitive direct restorations

Phase Three Includes The:

- Qualifying Orthodontic Treatment* (for members under the age of 21 only)
- Elective Endodontic Treatment Patient*
- Elective Aesthetic Restoration of Teeth
- Preparation for Final Prosthodontic Prosthesis (crowns, bridges) *
- Periodontal surgical care (crown lengthening, pocket elimination, etc.*
- Placement of Implant fixtures and restoration *
- Removable Prosthetics
- Fixed Prosthetics*

Phase Four Includes The:

- Maintenance: of optimal oral health status for the member
- Recall every 3 to 12 months as indicated by oral health status.

*Denotes that the services that fall under this category are usually not a Medicaid covered benefit, but the patient may elect to pay for services out of pocket with a signed consent and cost of treatment form **before** treatment commences.

- Sample “Treatment Consent for Payment“ forms may be viewed on the Provider Partners page > Forms and Materials > Provider Reference Materials on the www.ctdhp.org Web site.

Radiographs:

Effective for dates of service September 1, 2021 and forward, DSS is updating its radiographic requirements for HUSKY Health members who receive dental services through the Connecticut Medical Assistant Program (CMAP). DSS now requires that the most current radiographic complete series images (D0210) and Panoramic imaging (D0330) if applicable, along with bitewing images (D0270-D00274) be submitted with PA requests using the electronic PA system or via USPS mail. Treatment plans for any endodontic, prosthodontic treatment or crowns will not be approved without the required radiographic images. Please see [PB 2021-52](#) - “Reasons of Medical Necessity for Imaging and Limitations for Occlusal Images” for further details regarding documentation requirements for radiographic imaging.

CMAP Radiographic Requirements:

1. Periapical Imaging must display the crowns and roots of all teeth, periapical areas and alveolar bone including full visualization of the periodontal ligament at the apex of the tooth root.

2. Bitewing imaging must show the crowns of the posterior teeth and the crest of the alveolar bone plus an additional 3 – 4 mm alveolar bone below the crest.
3. Panoramic Radiographs must provide a view of the maxillary sinuses, maxilla, zygomatic arches, mandible, temporomandibular joints, teeth and their supporting structures on one film.

Fogged, darkened or non–diagnostic radiographs will not be accepted and may be recouped. Photocopies of x-ray films will not be accepted. Please submit duplicate films by USPS mail if digital radiographs are not available. Duplicate films will not be returned.

CMAP Provider Requirements:

1. All intraoral full mouth/complete mouth series must be properly labeled with the patient’s name, date the x-ray series was taken and must be properly mounted. Unmounted full mouth x-ray series will be returned to the provider for proper mounting.
2. All panoramic radiographs must be labeled right and/or left and labeled with the patient’s name and date the panoramic radiograph was taken.
3. All intraoral full mouth series must be submitted with a customized treatment plan, and with endodontic, removable and fixed prosthodontic procedures (including crown construction and placement after phase 2 dental treatment is completed).
4. Any endodontic procedure, restorative procedure – post & core, removable prosthodontic procedure and/or fixed prosthodontic procedure (including multiple crown(s)) must have a complete/full mouth series previously submitted or submitted with the procedures being requested. In the event there needs to be a new periapical or bitewing radiograph taken, please do so and the additional films will be approved

along with the procedures in the PA request, if qualified.

Electronically Submitting Radiographs and Treatment Plans:

To electronically upload a treatment plan and/or radiographic imaging, follow the steps outlined below:

1. Access the www.ctdhp.org Web site and click on "Provider Partners" and click on "Provider Login."
2. Enter your Billing NPI and Tax ID numbers in the appropriate boxes and click on "Submit."
3. A new screen will appear, click on "Prior Authorization Upload."
4. Follow instructions for the prior authorization or post procedure review requests.

Hard copy submissions for non-orthodontic services should be sent to the following address:

Prior Authorization Unit
C/O Bene Care Dental Plans
P.O. Box 40109
Philadelphia, PA 19106-0109

Verifying Manually Priced Code Status Electronically:

You may verify the PA status via the CMAP Web Portal at www.ctdssmap.com. Providers can log onto their secure Web account and access the “PA inquiry link” on the right-hand side to access the Prior Authorization Inquiry or select Prior Authorization on the Menu Bar. Providers can search for SPPA approvals by the client ID if notification from CTDHP with the PA number has not yet been received. Providers may also verify the SPPA approval by entering the letter "B" followed by the PA number provided by CTDHP.

Accessing the Fee Schedule

The adult and children's dental fee schedules can be accessed and downloaded by logging onto 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".

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.

CTDHP posts a copy of the adult and children's fee schedules on their Web site: www.ctdhp.org.

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.

Responsible Unit: DSS, Division of Health Services, Integrated Care Unit; Donna Balaski, D.M.D. at (860) 424-5342 or donna.balaski@ct.gov.

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