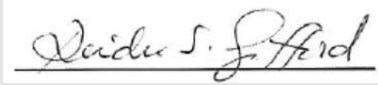




Connecticut Medical Assistance Program
Policy Transmittal 2022-69

Provider Bulletin 2022-101
 December 2022



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: January 1, 2023
 Contact: donna.balaski@ct.gov

TO: All Dental Providers and Dental Clinics

RE: January 2023 Dental HIPAA Compliant Update

Effective for dates of service January 1, 2023, and forward, the Department of Social Services (DSS) has incorporated the January 2023 Healthcare Common Procedure Coding System (HCPCS) changes by replacing some current Dental Terminology (CDT) codes with newly added CDT codes to the dental fee schedules for adult and children.

DSS is making these changes to ensure that the dental fee schedules remain 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 for dates of service January 1, 2023, and forward, the below two CDT codes have been **added** to both dental fee schedules for adults and children to better define the procedures performed under the Oral Surgery and Miscellaneous Services (Sleep Apnea Device) categories of coding. Each code is now more specific regarding the description of the type of dental services that will be rendered.

CDT Code	Description
D7509	Marsupialization of odontogenic cyst
D9953	Reline custom sleep apnea appliance (indirect)

Please note, all current policies and regulations that apply to similar codes apply to these new codes.

For CDT Code D9953, “Indirect Reline of Custom Sleep Apnea Device” is limited to

one time every two years per device, but a prior authorization may be obtained for additional realignments if medically necessary and warranted.

Effective for dates of service January 1, 2023, and forward, the following three CDT codes have been added to both dental fee schedules for adults and children in the diagnostic section under the radiologic section of the dental fee schedule. These are new radiologic codes to the dental fee schedule but are comparable to existing codes.

CDT Code	Description
D0372	Tomosynthesis full series
D0373	Intraoral Tomosynthesis BW
D0374	Intraoral Tomosynthesis Periapical

For the imaging codes D0372 (Tomosynthesis Complete Imaging), D0373 (Tomosynthesis Imaging Bitewing) and D0374 (Tomosynthesis Periapical) all the same policies and regulations apply to tomosynthesis imaging as does with conventional radiography and digital imaging.

A complete mouth series whether it be performed as a CDT code D0210 or CDT code D0372 is only payable one time per HUSKY Health member every three (3) years. CDT code D0210 Complete Mouth Series or CDT code D0372 Tomosynthesis Full Series are comparable imaging techniques and only one of the two will be payable every three years.

Bitewing radiographs have multiple codes that can be used for imaging. For the use of the D0373 tomosynthesis bitewing code, up to four images per year per HUSKY Health member will be permitted only if there have been no claims submitted for conventional bitewings (D0270 through D0274) for the HUSKY Health member.

For CDT code D0374, Tomosynthesis Periapical will follow the same policies and regulations to conventional periapical imaging. CDT Code D0220 Periapical first radiograph per Tooth and Code D0230 Second Periapical Radiograph per Tooth are limited to four (4) images per year. Therefore, a combination of D0374, D0220 and D0230 for a maximum of four (4) images per year per patient will be payable. Additional imaging may be requested through the Prior Authorization and Post-procedure Review Process when medically necessary.

Prior Authorization Upload

Providers may electronically request prior authorization (PA) for all dental services through the secured portion of the Connecticut Dental Health Partnership (CTDHP) Web site (www.ctdhp.org). To upload a Prior Authorization request, click on "Provider Login", enter the Billing NPI and Tax ID numbers. Then click "Login". Click on "Prior Authorization Upload." Enter the Client Medicaid ID Number and the date of birth. Choose the NPI of the rendering provider from the drop-down box. Choose PA type. Click on "Continue". Click on "Browse" to locate the file you wish to upload. Click on the "Upload" icon. If there is more than one file to upload, repeat the process.

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

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

PA requests that are approved will be valid for twelve months from the date of issue.

Verifying Prior Authorization Status Electronically

PA approval status may be verified via the Connecticut Medical Assistance Program (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 prior authorization approvals by the client ID if notification from CTDHP with the PA number has not yet been received. Providers may also verify the prior authorization approval by entering the letter "B" followed by the prior authorization number provided by CTDHP.

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

Accessing the Fee Schedule

The updated fee schedule can be accessed and downloaded by going to the 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".

Fee schedules can also be viewed at 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, Dental Unit, Donna Balaski, D.M.D. at (860) 424-5342 or donna.balaski@ct.gov.

Date Issued: December 2022