



Connecticut Medical Assistance Program
Policy Transmittal 2022-31

Provider Bulletin 2022-45
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TO: Federally Qualified Health Care (FQHC) Centers

RE: Billing Updates for Dental T1015 Encounter Codes

Public Act 22-118, §239, subsection (b), provides that “a federally qualified health center may not provide non-emergency periodic dental services on different dates of service for the purpose of billing separate encounters. Any non-emergency periodic dental service, including, but not limited to, (1) an examination, (2) prophylaxis, and (3) radiographs, including bitewings, complete series and periapical imaging, if warranted, shall be completed in one visit. A second visit to complete any service normally included during the course of a non-emergency periodic dental visit shall not be eligible for reimbursement unless (A) medically necessary, and (B) such medical necessity is clearly documented in the patient's dental record.”

Public Act 22-119, §239(b) applies to all non-emergency dental services delivered at a federally qualified health center. This statutory change is consistent with the accepted standards of dental care.

The standards taught within the Commission on Dental Accreditation (CODA) accredited dental schools promotes routine periodic dental services as:

- Examination
- Prophylaxis
- Fluoride Treatments
- Radiographs/Diagnostic Imaging
- Sealant Placement
- Counseling – oral health, nutritional and/or tobacco cessation

Additional guidance on components of routine, periodic dental encounters are available from:

Cleveland Clinic

<https://my.clevelandclinic.org/health/treatments/11187-dental-check-up>

Stanford Children’s Health

<https://www.stanfordchildrens.org/en/topic/default?id=a-childs-first-dental-visit-fact-sheet-1-1509>

FQHCs should ensure that HUSKY members are scheduled appropriately in the dental clinics to adhere to performing a new patient or periodic dental visit in one appointment time slot in conjunction with prophylaxis, radiographs/ diagnostic imaging and fluoride treatments, rather than unbundling the services. For example, members should not be scheduled on one day to receive services delivered by the dental hygienist and/or dental assistant and then at a subsequent visit for an examination and evaluation with the dentist.

DSS Quality Assurance Division will conduct random audits to ensure compliance with Public Act 22-118, §239(b). FQHC dental claims adjudication processes will be modified soon to detect the unbundling of services and sequencing of dental care.

If multiple visits are deemed necessary for routine periodic dental visits, FQHCs are required to document valid reasons for exceptions to be made for unbundling dental services and request Post–procedure Review (PR).

The following non-emergency dental services should be performed together and linked to the T1015 code:

The periodic dental visit:

- Screening or examination code
- Prophylaxis code
- Fluoride application code
- Radiographs (bitewings, complete series, panoramic imaging, occlusal imaging, and periapical imaging if warranted).

Sealant Placement

Sealant placement is available for HUSKY Health Members under the age of 16. Sealant placement must be performed in one visit to all eligible teeth being treated if the teeth are fully erupted, free from decay and can be isolated properly. Sealant placement *does not need* to be performed in conjunction with the “routine” or periodic examination visit.

Quadrant Dentistry

Multiple single or two surface restorations should be performed during one dental visit and not performed separately within a quadrant in multiple visits.

Sextant Dentistry:

If quadrant dentistry is not required, the oral cavity may be broken into six sextants. Multiple two, three or four surface fillings are appropriate for sextant dentistry.

Services that require multiple visits to complete (endodontics, crowns, and full & partial dentures) will still be authorized for the appropriate number of FQHC encounter visits required to complete the procedure.

Prior Authorization & Post Procedure Review:

To electronically upload a prior authorization or post -procedure review request, follow the steps outlined below:

1. Access the www.ctdhp.org Web site then click on "Dental 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 BeneCare Dental Plans
P.O. Box 40109
Philadelphia, PA 19106-0109

Accessing the Fee Schedule

For Dental FQHCs, billing a T1015 code requires a valid procedure code(s) that is currently reimbursable on the dental 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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