



**Connecticut Medical Assistance Program**  
Policy Transmittal 2022-13

Provider Bulletin 2022-55  
August 2022

Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: July 1, 2022  
Email: [donna.balaski@ct.gov](mailto:donna.balaski@ct.gov)

**TO: All Dental Providers and Dental Clinics**

**RE: Dental Fee Schedule Update for the Adult Fee Schedule**

Effective for dates of service July 1, 2022, and forward, the Department of Social Services (DSS) is increasing the dental rates for adults for endodontic services to equal the children's reimbursement rate and for all other services on the Adult Dental Fee Schedule by 25%.

The fee schedule rate changes will be in effect for HUSKY A, C and D (for the increase in the Adult Fee Schedule Rates.) All current policies and regulations will continue to apply, including the annual dental benefit maximum of \$1,000.00 for adults. Please see Policy Bulletin [19-24](#) for additional information regarding the annual dental benefit maximum.

Paid claims where the detailed billed amount is greater than or equal to the new allowed amount will be retroactively adjusted. Gainwell Technologies will identify and reprocess these claims without any additional work on the part of providers in the September 23, 2022 claim cycle. Providers are encouraged to bill their usual and customary charge when submitting claims to ensure the systematic reprocessing of their claims whenever a rate change occurs.

**Prior Authorization**

The same submission requirements for Prior Authorization (PA) or Post Procedure Review (PPR) remain. Requests should be submitted to the BeneCare Prior Authorization Unit. This may be submitted electronically via the [www.ctdhp.com](http://www.ctdhp.com) website or through the U.S. Postal Service in hard copy format.

To electronically upload a PA request, follow the steps outlined below:

1. Access the [www.ctdhp.com](http://www.ctdhp.com) 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**  
**C/O BeneCare 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 CT Medical Assistance Program Web Portal at [www.ctdssmap.com](http://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 you have not received notification from BeneCare that has the PA number. Providers may also verify the prior authorization approval by entering the letter "B" followed by the prior authorization number provided by BeneCare.

**Accessing the Fee Schedules:**

The adult and children's dental fee schedules can be accessed and downloaded by logging onto the Connecticut Medical Assistance Program Web site: [www.ctdssmap.com](http://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 Connecticut Medical Assistance Program 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.

The Connecticut Dental Health Partnership (CTDHP) posts a copy of the adult and children's fee schedules on their Web site: [www.ctdhp.com](http://www.ctdhp.com).

**Posting Instructions:** Policy transmittals can be downloaded from [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program 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](mailto:donna.balaski@ct.gov).

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