



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2023-50**

Provider Bulletin 2023-79  
 December 2023

Andrea Barton Reeves, J.D., Commissioner

Effective Date: January 1, 2024

Email: [donna.balaski@ct.gov](mailto:donna.balaski@ct.gov)

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

**RE: January 2024 Quarterly HIPAA Compliant Updates - Dental Fee Schedules for Adult and Children**

**January 2024 HIPAA Compliant Update:**

Effective for dates of service January 1, 2024, and forward, the Department of Social Services (DSS) has incorporated the January 2024 Healthcare Common Procedure Coding System (HCPCS) changes by adding Current Dental Terminology (CDT) codes to the dental fee schedules for adult and children.

DSS is making these changes to ensure that these dental fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). The changes apply to services reimbursed under the Covered CT, HUSKY Health A, B, C and D programs.

The below CDT codes have been **added** to the dental fee schedules for adult and children. These CDT codes are now more specific in describing the types of dental services that will be rendered.

CDT Code	Description Summary	Rate for Children	Rate for Adult
D7284	Excisional biopsy of salivary gland	\$91.61	85.15

CDT Code	Description Summary	Rates for Adult and Children
D2991	Application of HA to carious lesion:	
	1 Surface	\$70.00
	2 Surfaces	\$80.00

	3 Surfaces	\$90.00
	4 Surfaces	\$125.00

CDT code D2991 - Application of Hydroxyapatite (HA) to carious lesion(s), will be restricted to one application per tooth surface per year. All subsequent treatments on the treated tooth will follow the same restrictions as restorative fillings.

The Connecticut Medical Assistance Program (CMAP) does not reimburse for the restoration of separate surfaces when treatment is performed on a single tooth by the same provider (on the same tooth, for the same member). Dental providers will be reimbursed for the total number of surfaces restored on a single tooth per one year period for each provider.

Example: On January 5, 2024, member's tooth #19 receives a "MO" restoration. Then on March 15, 2024, the same provider submits a claim for the same member for a "DO" restoration also on tooth #19. The March 15, 2024 claim will reimburse at the cost difference between the two-surface and three-surface restoration.

CDT code D2991 must be billed with the proper number of surfaces; otherwise, the service will not be paid correctly. The service is limited to one time per tooth every year and additional applications per year must be prior authorized.

This billing guidance doesn't apply to claims generated by federally qualified health centers (FQHCs). FQHCs are reimbursed by a different mechanism, and they are encouraged to seek payment as stated in Section 17b-262-1003. All benefit limitations and guidelines do apply to frequency and limitations to D2991.

Code D2991 must be billed with a valid tooth number and valid number of surfaces; and will initially reimburse at the single surface payment. A mass adjustment will follow at a later date and properly adjudicate the code for the number of surfaces billed.

### **Prior Authorization Submission:**

Prior Authorization (PA) requests should be submitted electronically to the PA Authorization Unit. Requests may only be submitted electronically through the BeneCare/CTDHP secure portal at [www.ctdhp.org](http://www.ctdhp.org).

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

1. Access [www.ctdhp.org](http://www.ctdhp.org) and click on "Dental Providers" and click on "Provider Login."
2. Enter your Billing NPI and Tax ID numbers in the appropriate boxes and click "Submit."
3. A new screen will appear. Click "Prior Authorization Upload."
4. Follow instructions for the Prior Authorization or Post Review request.

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

If you have questions regarding the PA requirements or submission process, contact the BeneCare Provider Relations Center at 1-888-445-6665.

### **Posting Instructions:**

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

**Distribution:** This policy transmittal is being distributed to all dental providers the Connecticut Medical Assistance Program by Gainwell Technologies.

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