



Connecticut Medical Assistance Program
Policy Transmittal 2025-40

Provider Bulletin 2025-83
December 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: January 1, 2026
Contact: see below

TO: All Dental Providers and FQHC Dental Clinics
RE: January 2026 Quarterly HIPAA Compliant Update - Dental Fee Schedules for Adults and Children

Effective for dates of service January 1, 2026 and forward, the Department of Social Services (DSS) is incorporating the January 2026 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 both fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). The changes apply to services reimbursed under all the Covered CT, HUSKY Health (A, B, C, and D) programs.

The CDT codes below have been added to the dental fee schedules for adult and children.

CDT Code	Description Summary	Rate for Children	Rate for Adult
D6049	Scaling and Debridement of a single implant	\$86	\$86
D6280	Implant Maintenance Procedure – Per Arch	Manually Priced	Manually Priced
D9224	Administration of general anesthesia with advanced airway – First 15-minute increment	\$124.46	\$82.55

D9225	Administration of general anesthesia with advanced airway – Additional 15-minute increment	\$124.46	\$82.55
D9246	Administration of Moderate Sedation – Non-Intravenous Parenteral First 15 Minutes	\$93.34	\$61.91
D9247	Administration of Moderate Sedation – Non-Intravenous Parenteral Additional 15-Minute Increment	\$93.34	\$61.91

To qualify for D6049 (Scaling and Debridement of a single implant) the single implant must be affected by peri-implantitis, characterized by inflammation, bleeding, and deep pockets. D6049 requires prior authorization and must demonstrate the tooth qualifies via chart notes and radiographs. D6049 is not billable in conjunction with D4341, or D4342.

D6280 is conducted when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prothesis and abutments - per arch. D6280 requires prior authorization.

D9224/D9225 Administration of general anesthesia with advanced airway first 15-minute increment and additional 15-minute increments is conducted with or without co-administration of nitrous oxide. The service can only be performed by an Oral and Maxillofacial Surgeon or Dental Anesthesiologist who has an active permit to administer dental anesthesia/deep sedation issued by the Connecticut Department of Public Health (DPH) and in accordance with DPH's regulations on the administration and use of anesthesia and sedation in dentistry.

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Services are considered complete when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room.

D9246/D9247 Administration of moderate sedation- non-intravenous parenteral first and additional 15-minute increments is achieved by administration of drug(s) by parenteral route, not including intravenous. With or without co-administration of nitrous oxide. The service can only be performed by an Oral and Maxillofacial Surgeon who has an active permit to administer dental anesthesia/deep sedation issued by the Connecticut DPH and in accordance with DPH's regulations on the administration and use of anesthesia and sedation in dentistry.

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Services are

considered complete when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room.

Accessing the Fee Schedules:

The updated fee schedules can be accessed and downloaded from the Connecticut Medical Assistance Program (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 appropriate fee schedule. 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 schedules 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.

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

1. Access 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.

Current Dental Terminology (including procedure codes, nomenclature, descriptors, and other data contained in this bulletin) is copyright © 2026 American Dental Association. All rights reserved.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to all dental providers of the CMAP by Gainwell Technologies.

Responsible Unit: DSS, Division of Health Services, Integrated Care, Dental Unit, email: fatmata.williams@ct.gov.

Date Issued: December 2025