Connecticut Medical Assistance Program
Policy Transmittal 2026-28

Provider Bulletin 2026-46
September 2026

Andrea Barton Reeves, J.D., Commissioner

Effective Date: October 1, 2026
Contact: Connie.M.Estanislau@ct.gov

TO: Dentists, Dental Hygienists, Dental Clinics, Federally Qualified Health Centers-Dental, School-Based Health Centers and Hospitals

RE: Updates to Dental Fee Schedules for Adults and Children

The purpose of this provider bulletin is to inform dental providers of the changes to the fee schedules for adult and children dental services. All changes to these fee schedules will be effective for dates of service, October 1, 2026 and forward.

Coverage Criteria Modifications for Select Dental Services:

The coverage criteria of the following Current Dental Terminology (CDT) codes listed on the adult and children dental fee schedule will be modified as follows:

CDT Code	Description/ Coverage	Rate Adult/ Child	PA/ PR*
D0210	**Intraoral complete series:** Frequency: 1x/3 years Age: 9 and up Criteria: N/A	$65.65/ $98.98	N
D0364 D0365 D0366 D0367 D0368	**Cone Beam CT** Frequency: 1x/3 years Ages: All Ages Criteria: Medically necessary to evaluate cysts, tumors, trauma. For multi-rooted teeth, evaluate for root fracture and/or prognosis	$90.00/$90.00 $125.00/$125.00 $125.00/$125.00 $170.00/$170.00 $200.00/$200.00	Y PA Only
D0601 D0602 D0603	**Caries Risk Assessment** Frequency: 1x/6 months Age: All ages Criteria: Only one code billable per member per day, not in conjunction with examinations, performed outside dental office, or FQHC	$14.95/$22.54 $14.95/$22.54 $14.95/$22.54	N
D1206 D1208	**Topical Fluoride Varnish Topical Fluoride** Frequency: 2x/Calendar year Age: All ages Criteria: Topical Fluoride and fluoride varnish not billable on same day.	$18.85/$28.42 $18.85/$28.42	N
D1351	**Sealant- per tooth** Frequency: 1x/3 years Age: 5- 20 Criteria: Not in lieu of occlusal restorations.	N/A/$39.20	N
D2751 D2791 D2740	**Crown- PFM Cast Crown- Base Metal Porcelain/Ceramic crown** Frequency: 1x/10 years Ages: 16+ when root formation is complete Criteria: Not covered on primary teeth.	$523.25/$788.90 $455.00/$686.00 $523.25/$788.90	Y
D3310 D3320 D3330	**Endodontic Therapy** Frequency: Once per tooth Ages: All ages Criteria: Favorable prognosis, periodontally healthy and not more than 25% periodontal bone loss, not covered on primary teeth.	$577.22/$577.22 $742.84/$742.84 $857.50/$857.50	Y
D3346 D3347 D3348	**Endodontic Therapy Retreatment** Frequency: Once per tooth per lifetime Ages: All ages Criteria: Favorable prognosis, periodontally healthy and not more than 25% periodontal bone loss, not covered on primary teeth.	$577.22/$577.22 $742.84/$742.84 $857.50/$857.50	Y
D4355	**Full Mouth Debridement** Frequency: 1x/Calendar Year Ages: All ages Criteria: Not to be performed on same day as prophylaxis.	$153.00/$153.00	Y

D5211 D5212 D5213 D5214	**Partial Dentures** Frequency: 1x/7 years Ages: All Ages Criteria: 2 stable abutment teeth, teeth with unfavorable prognosis extracted prior to insertion, less than 4 adjacent posterior teeth in occlusion on each side (R and L), must meet the definition of Minimally Functional Occlusion**	$649.35/$979.02 $630.50/$950.60 $778.05/$1,173.06 $764.40/$1,152.48	Y
D5986	**Fluoride Gel Carrier** Frequency: For Under the age 21 1x/2 years For Over age 21 : 1x per Lifetime Criteria: Medically Necessary	$87.75/$132.30	Y
D8010 D8020 D8030 D8070 D8080 D8210 D8220	**Orthodontics** Frequency: 1x per lifetime Ages: Under the age of 21 Criteria: Salzmann score under 26 or attestation that orthodontic treatment will significantly ameliorate psychological condition(s) caused by the malocclusion documented by a licensed behavioral health professional with whom the patient is in continuous therapy for at least six months.	Monthly periodic orthodontic case payments up to maximum case rate.	Y
D8660	**Pre-Orthodontic Tx Exam** Frequency: 2x per lifetime Age: Under the age of 21 Criteria: As medically necessary	N/A/$33.63	Y
D9222 D9223 D9224 D9225 D9246 D9247	**Moderate Sedation, Deep Sedation, General Anesthesia** Frequency: Limited to 8 units per visit, in agreement with sedation logs. Age: Under Age 21 or over age 21 with a behavioral or cognitive condition that requires moderate sedation, deep sedation or general anesthesia, or when below criteria are met. Criteria: Sedation required to perform the dental procedure, and/or 5+ extractions, and/or extraction of tooth inadequately anesthetized with local anesthesia, and/or extraction of third molars when all third molars removed in one visit	$82.55/$124.46 $82.55/$124.46 $82.55/$124.46 $82.55/$124.46 $61.91/$93.34 $61.91/$93.34	Y
D9230	**Nitrous Oxide** Frequency: As Medically Necessary Age: All ages Criteria: Medically Necessary with documented diagnosis of anxiety, behavioral health, cognitive disorder, or medical condition.	$39.00/$58.80	Y
D9410	**House/Extended Care Facility Call** Frequency: 1x/facility/member/day Age: All Ages Criteria: Requires place of service code other than 11 or 50.	$16.25/$24.50	Y

Updates to Dental Fee Schedules:

The following CDT codes will be added to the applicable dental fee schedule for adults and/or children, effective for October 1, 2026:

CDT Code	Description/ Coverage	Rate Adult/ Child	PA/ PR*
D2542 D2543 D2544 D2642 D2643 D2644 D2662 D2663 D2664	**Onlay(s)** Frequency: 1x/10 years per tooth Age: 16+ when root formation is complete Criteria: Not covered for primary teeth	MP/MP	Y
D2740	**Crown - Porcelain/Ceramic** Frequency: 1x per 10 years per tooth Age: 16+ when root formation is complete Criteria: Not covered for primary teeth	$523.25/$788.90	Y
D2982	**Onlay Repair** Frequency: 1x/ 7 years per tooth. Age: All Ages Criteria: Documentation of defective existing onlay required	MP/MP	Y
D2990	**Resin Infiltration** Age: All Ages	$40.00/$40.00	N

	Criteria: As medically necessary		
D5710 D5711 D5720 D5721	**Rebase Maxillary/Mandibular Full or Partial Denture:** Frequency: 1x/2 years Age: All Ages Criteria: When existing appliance can be made serviceable.	MP/MP	Y
D6110 D6111 D6112 D6113	**Implant Supported Removable Denture:** Frequency: 1x/7 years Age: All Ages Criteria: When member has pre-existing congenital or acquired condition that makes implant supported appliances medically necessary.	MP/MP	Y
D6191 D6192	**Semi-Precision Abutment** Frequency: 1x/7 years Age: All Ages Criteria: When member has pre-existing congenital or acquired condition that makes implant supported appliances medically necessary	MP/MP	Y

This CDT code will be end-dated on the applicable dental fee schedule for adults and/or children, effective for September 30, 2026:

CDT Code	Description	Criteria Coverage Change
D9947	Sleep Dental Device	Covered under Durable Medical Equipment

Updated Dental Coding:

Based on guidance from the American Dental Association (ADA), the following CDT codes will be revised:

CDT Code	Description/ Coverage	Rate Adult/ Child	PA/ PR*
D3120	**Indirect Pulp Cap** Frequency: 1x per tooth per lifetime Age: All Ages Criteria: When tooth's pulp is not yet exposed but is at risk of exposure from decay. Prognosis for treated tooth and dentition is favorable.	$41.00/$41.00	Y
D4240	**Gingival Flap Procedure/Quadrant** Frequency: 1x per quadrant each 36 months Age: All Ages Prior scaling and root planing procedures in quadrant being considered (within 12 months) without sufficient clinical success necessitating surgical intervention to improve access.	$366.00/$366.00	Y
D4241	**Gingival Flap Procedure/1-3 Teeth** Frequency: 1x per site each 36 months Age: All Ages Prior scaling and root planing procedures in quadrant being considered (within 12 months) without sufficient clinical success necessitating surgical intervention to improve access.	$309.00/$309.00	Y
D6241	**Pontic-Porcelain/ Base Metal** Frequency: 1x/10 years Age: to age 21 Criteria: When medically necessary/ Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)		
D6545	**Retainer- Cast Metal/Resin** Frequency: 1x/10 years Age: to age 21 Criteria: When medically necessary / EPSDT	MP/MP	Y
D7260	**Oroantral Fistula Closure** Frequency: As medically necessary Age: All Ages Criteria: As medically necessary	$412.75/ $622.30	Y?
D7283	**Eruption Device** Frequency: 1x per tooth per lifetime Age: Under age 21 Criteria: Medically Necessary	N/A/ $93.10	Y
D7285	**Incisional Biopsy-Hard Tissue**	$194.00/$194.00	Y

	Frequency: N/A Age: All Ages Criteria: Biopsy report required.		
D7660	**Malar/Zygomatic Closed Reduction** Frequency: N/A Age: All Ages Criteria: N/A	MP/MP	Y
D7770	**Alveolus Open Reduction** Frequency: N/A Age: All Ages Criteria: N/A	MP/MP	Y
D7771	**Alveolus Closed Reduction** Frequency: N/A Age: All Ages Criteria: N/A	MP/MP	Y
D7870	**Arthrocentesis** Frequency: N/A Age: All Ages Criteria: Medically Necessary	$200.00/$200.00	Y
D7950	**Ridge Augmentation Graft** Frequency: Once per lifetime Age: All Ages Criteria: When existing bone is insufficient for function of the denture base.	MP/MP	Y
D7953	**Bone Replacement Graft** Frequency: 1x/extraction site Age: All Ages Criteria: Medically necessary.	MP/MP	Y

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.

Provider Tools and Resources:

Coverage guidance, prior-authorization criteria, and provider support tools will be available at www.ctdhp.org. Training and provider support will be announced from the Connecticut Dental Health Partnership via provider email and at www.ctdhp.org.

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.

*PA designates Prior Authorization is required to be obtained from the Connecticut Dental Health Partnership before the service is performed and PR designates Post Review may be obtained from the Connecticut Dental Health Partnership after the service is performed.

**Minimally Functional Occlusion is defined as the presence of at least four adjacent posterior teeth in occlusion on each side of the mouth (right and left). This is typically achieved by two adjacent posterior teeth in each quadrant occluding with their

corresponding opposing natural or restored teeth. Adjacent teeth are teeth that are contiguous, with no space between them.
Examples include:

- Two premolars (bicuspids) occluding with the opposing two premolars.
- A second premolar and first molar occluding with the opposing second premolar and first molar.
- A first and second molar occluding with the opposing first and second molars.

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 Units: DSS, Division of Health Services, Integrated Care Unit - Dental Services: Contact: Connie Estanislau, Connie.M.Estanislau@ct.gov.