



Connecticut Medical Assistance Program
Policy Transmittal 2016-18

Provider Bulletin 2016-45
 July 2016

Roderick L. Bremby, Commissioner

Effective Date: August 1, 2016

TO: All Dental Providers
 RE: Phase I - Changes to the Children's Dental Fee Schedule for August 1, 2016

The purpose of this policy transmittal is to notify dental providers that effective for dates of service August 1, 2016 and forward, there will be changes to the dental fee schedule reimbursement rate and billing guidelines.

In accordance with the adjustments to the State's biennial budget that was recently approved by the General Assembly in Public Act – 2 of the May 2016 Special Session, the fees for **selective dental services** provided to children will be reduced, effective for dates of service August 1, 2016 and forward. Rates for dental services provided to adults are not affected and will remain at the current reimbursement levels with the exceptions listed below.

Processing of Claims Submitted For Dates of Service On or After August 1, 2016

Hewlett Packard Enterprise (HPE) will continue to process and adjudicate claims on behalf of the Department of Social Services using the fee schedule posted on the Connecticut Medical Assistance Program (CMAP) Web site with the following noted changes:

<u>Code</u>	<u>Description</u>	<u>Pediatric Fee</u>	<u>Adult Fee</u>
D2930	Prefab Stainless Steel Crown	\$200.00	\$119.60
D2931	Stainless steel crown, permanent tooth	\$200.00	\$119.60
D2934	Aesthetic Coated Stainless Steel Crown	\$300.00	\$176.28
D8670	Periodic Orthodontic Treatment	\$87.13	N/A

Sealants:

Sealants (D1351) will no longer be routinely covered on the premolar teeth (4, 5, 12, 13, 20, 21, 28 & 29).

In the event there are sealants that fail within five years from the date of placement, the reimbursement fee will be recouped from the office that placed the original sealant **or** the provider who placed the original sealant may replace the sealant at no cost.

Restoration Codes:

All direct placement restoration codes will no longer be eligible for replacement with reimbursement for a two year period by any CMAP provider without prior authorization.

All direct placed restorations (D2140, D2150, D2160, D2161, D2330 – D2335, D2391 – D2394) are expected to have a life expectancy of at least two years. Any restorations that are faulty or have recurrent decay and require replacement within two years from the initial date of placement will require prior authorization regardless of the provider and the replacement may result in recoupment of the initial restoration fee paid to the provider who performed the original restoration.

Accessing the Fee Schedules:

The CMAP Dental Fee Schedule may be accessed by going to the www.ctdssmap.com Web site, selecting “**Providers**” and clicking on “**Provider Fee Schedule Download**”. Click on the “I accept” button and proceed to click on the appropriate “Dental” fee schedule. Near the end of August or early September, the fee schedule will be split into adult or pediatric.

The Connecticut Dental Health Partnership (CTDHP) will also post a copy of the new fee schedules on their Web site: www.ctdhp.com.

For questions about billing or if further assistance is needed to access the fee schedule 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.

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

Distribution: This policy transmittal is being distributed to providers enrolled in the CMAP by Hewlett Packard Enterprise.

Responsible Unit: Department of Social Services, Health Services, Division of Integrated Care, Dental Unit, Donna Balaski, D.M.D. at (860) 424-5342 or donna.balaski@ct.gov

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