



# **DENTAL PROVIDER MANUAL**

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**Connecticut Dental Health Partnership (The dental plan for HUSKY Health)**

**The Connecticut Department of Social Services**

**BeneCare Dental Plans**





## Welcome to the Connecticut Dental Health Partnership

Dear Doctor:

We are pleased to announce that the State of Connecticut's publicly funded dental care programs, HUSKY A, HUSKY B, HUSKY C (Traditional Medicaid Title XIX Fee For Service) and HUSKY D (Medicaid For Low Income Adults-formerly State Administered General Assistance "SAGA"), now have been combined into one dental plan with a new name: the **Connecticut Dental Health Partnership (CTDHP)**. CTDHP oversees the dental plan for the Department of Social Services (DSS) dental care programs which cover more than 750,000 residents in Connecticut. Participants in the program include the aged, blind and disabled, low income families and adults as well as the state sponsored insurance plan known as SCHIP. The number of beneficiaries is approximately evenly split between children and adults.

DSS is the lead agency for the State of Connecticut which provides a broad range of services to the elderly, people with disabilities, families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. DSS administers over 90 legislatively authorized programs and operates on one-third of the state budget. DSS also administers the Medical Assistance Program which includes the Connecticut Dental Health Partnership.

BeneCare Dental Plans was selected by DSS, in 2008, as the Administrative Service Organization (ASO) to manage the Connecticut Dental Health Partnership for the State of Connecticut. BeneCare is a dental benefit management company that operates dental benefit programs for fully insured and self-insured clients in the Northeast and Mid-Atlantic regions under a wide array of State, County and Municipal government, multi-employer welfare fund and commercial employer sponsored plans.

Please review the material in this manual carefully. The manual is an addendum to the contract you have with the state of Connecticut Medical Assistance Program. Item 10 of the Provider Enrollment Agreement states in part: "To abide by the DSS' Medical Assistance Program Provider Manual(s), as amended from time to time, as well as all bulletins, policy transmittals, notices and amendments that shall be communicated to the Provider, which shall be binding upon receipt unless otherwise noted". Please pay particular attention to the section entitled Connecticut Dental Health Partnership Policy/Standards of Care which contains information on marketing guidelines as well as appointment scheduling guidelines and other important information. The CTDHP will be sharing a variety of programmatic updates and notices with you in the future, so please be on the look-out for communications from the CTDHP and place them in your manual which has been provided in a three ring binder for your convenience.

Thank you for your continued participation in the CTDHP programs and support of Connecticut's neediest residents.

Sincerely,  
Connecticut Dental Health Partnership

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## **Chapter 8 Provider Communications**

## How to Download Bulletins and Policy Transmittals

From time to time, provider bulletins and policy transmittals are published. To view and/or print these publications, go to

<https://www.ctdssmap.com/CTPortal/Information/Publications/tabid/40/Default.aspx>.

Or, follow the steps below:

- Click on the Publications link in the Information Box on the left side of the Home Page
- Scroll down to “Bulletin Search” and fill in the desired criteria (year of publication, provider type, etc).
- Select “Search” and all the publications which match the criteria entered in the step above will be returned.
- Select the desired document for viewing and/or printing by clicking on the listing

The following bulletins are recommended reading for all Dental providers:

Publication Year	Bulletin Number	Title
2000	PB2000-81	Dental Procedure Code Changes
2001	PB2001-18	New EPSDT (Early Periodic Screening, Diagnosis and Treatment Services) Periodicity Schedule and Immunization Schedule
2001	PB2001-36	Regulation for Payment of Public Health Dental Hygienist Services
2003	PB2003-24	Elimination of Optional Services – When Providers May Bill Clients
2003	PB2003-78	Updated Medicaid Dental Services Fee Schedule
2003	PB2003-102	Updated Medicaid Dental Services Fee Schedule
2005	PB2005-14	Updated Medicaid Dental Services Fee Schedule
2005	PB2005-56	Update to the Medicaid Dental Services Fee Schedule
2006	PB2006-01	Expansion of Dental Providers for Dental FQHC Clinics
2006	PB2006-17	Retroactive Fee Increases
2006	PB2006-62	New EPSDT Periodicity Schedule and WIC Coordinators

		Contact Sheet
2006	PB2006-103	Addition of Pre-molar Teeth Eligible for Sealant Placement on the Medicaid Dental Services Fee Schedule
2007	PB2007-31	Escorts for Minors – Non-Emergency Medical Transportation
2007	PB2007-55	Revision to the Expansion of Dental Providers for Patients of FQHCs
2007	PB2007-75	Tamper-resistant Prescription Pad Requirement Postponed
2007	PB2007-76	National Provider Identifier (NPI) Prescription Requirement Temporary Extension Period for Pharmacy Claim Submission
2008	PB2008-05	Change in Pharmacy Claim Processing for HUSKY Clients
2008	PB2008-19	Updated Medicaid Dental Services Fee Schedule and Incorporation of 2009 Current Dental Terminology (CDT) Changes
2008	PB2008-38	Important – Dental Services Restructuring
2008	PB2008-48	Important – Dental Services Restructuring
2008	PB2008-59	Important – Dental Services Update
2008	PB2008-62	Important – Orthodontia Case Completion Billing Changes
2008	PB2008-64	Enhanced Fee Schedules Now Available
2008	PB2008-65	Prior Authorization Inquiry Available on the Web
2009	PB2009-02	New – Internet Claim Submission is Now Available
2009	PB2009-07	Got Billing Issues? Schedule a Training Session
2009	PB2009-25	Updates to Requirements for Dental Claims Submission
2009	PB2009-57	Correction to Bulletin 2009-25
2010	PB2010-02	Dental Program Changes Pursuant to Public Act No. 09-5
2010	PB2010-32	Notice of Changes to the Dental Fee Schedule concerning Client Cost Shares for HUSKY B
2010	PB2010-45	Changes to the Provision of Hospice Services
2010	PB2010-48	Let e-Prescribing Streamline Your Workflow
2010	PB2010-50	Prior Authorization and Post Procedure Authorization for Payment Requirements
2010	PB2010-53	New HUSKY B Client Cost Share for Dental Services (For FQHC Providers)
2011	PB2011-01	Prior Authorization and Post Procedure Authorization for Payment Requirements (For FQHC Providers)
2011	PB2011-07	Dental Fee Schedule Changes for Quadrant Designation and for Unspecified Manually Priced Codes
2011	PB2011-08	Prior Authorization of Post Procedure Review Authorization Appeals Process
2011	PB2011-23	HIPAA 5010 Implementation of the 837 Dental Electronic



		Claim Transaction
2011	PB2011-36	Definition of Medical Necessity
2011	PB2011-42	Clarification of the Requirements for Pre-screening Client's Eligibility for Orthodontia Treatment
2011	PB2011-61	Changes to the Dental Fee Schedule and Program Limitations
2011	PB2011-72	Connecticut's Electronic Health Records (HER) Incentive Program
2012	PB2012-06	Presumptive Eligibility Certification and Guarantee of Payment Form, W-538
2012	PB2012-10	Enhanced Editing of Prescribing Provider NPI Numbers
2012	PB2012-25	Payment Error Rate Measurement (PERM) Program Audit Requests
2012	PB2012-31	Change in Procedures for Brand Medically Necessary Pharmacy Prior Authorizations
2012	PB2012-36	Web Portal Claim History Inquiry
2012	PB2012-38	Change of Dental Benefit Assignment by Dental Provider to Benefit Assignment by Client
2012	PB2012-42	New Medicaid (HUSKY) Spend-down Procedures
2012	PB2012-46	Change of Dental Fee Payment for Dentures and Resin Fillings
2012	PB2012-53	Important Changes to Provider Enrollment
2012	PB2012-54	Important Changes to Provider Re-enrollment
2012	PB2012-59	Performing Provider Enrollment Requirements
2013	PB2013-03	Electronic Funds Transfer Change Notification
2013	PB2013-04	Elimination of Paper Re-enrollment Applications
2013	PB2013-15	Transition to the Updated ADA 2012 J434 Dental Claim Form
2013	PB2013-24	Implementation of Affordable Care Act Claim Edits
2013	PB2013-31	Elimination of Mailing Paper Remittance Advices
2013	PB2013-51	Enhanced Editing of Prescribing Provider NPI Numbers
2013	PB2013-60	The Implementation of the Ordering, Prescribing and Referring (OPR) Claim Edits
2013	PB2013-64	Implementation of Ordering, Prescribing, and Referring (OPR) Pharmacy Claim Edits2
2013	PB2013-74	**Updated** International Classification of Diseases, 10 <sup>th</sup> Revision (ICD-10) Implementation
2013	PB2013-82	Incorporation of January 2014 Healthcare Common Procedure Coding System (HCPCS)
2014	PB2014-01	Newly Eligible Clients under the Affordable Care Act

2014	PB2014-15	Newly Eligible Clients under the Affordable Care Act (Part II)
2014	PB2014-20	**Updated** Implementation of ICD-10 Code Set
2014	PB2014-29	Newly Eligible Clients under the Affordable Care Act (Part III)
2014	PB2014-35	Expedited Medicaid Eligibility Processing for Individuals with Medical Emergencies
2014	PB2014-46	Expansion of Coverage for Over the Counter (OTC) Products
2014	PB2014-52	Updated Provider Re-Enrollment Notification Process
2014	PB2014-62	Update to Medicaid Dental Services Fee Schedule and Policy
2014	PB2014-67	Full Activation of Pharmacy and Non-Pharmacy OPR Edits
2014	PB2014-71	Tobacco Cessation and New Screening Codes and Program for Dental Hygienists
2014	PB2014-72	Business Associate Agreement Between the Department of Social Services, Vendors and all CMAP Providers
2014	PB2014-91	2015 Physician Fee Schedule HIPAA Compliant Update
2015	PB2015-05	Billing Clients for Missed Appointments
2015	PB2015-06	Hall Technique for the Placement of Stainless Steel Crowns
2015	PB2015-15	Dental Regulations Regarding Placement of Amalgam Restorations
2015	PB2015-27	Changes in Dental Coverage for Bitewings
2015	PB2015-32	Provider Audit Trainings