

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **SPA 18-I: HIPAA Billing Code and Reimbursement Update – Dental Services**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

#### **Changes to Medicaid State Plan**

Effective on or after January 1, 2017, SPA 18-I will amend Attachment 4.19-B of the Medicaid State Plan to revise the dental fee schedules for dental services provided to children and adults. These revisions incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category.

In addition, this SPA also adds code D1354, which applies only to children under 6 years of age and special needs populations and will require prior authorization. Code D1354 will be priced at \$28.42 per child per arch and \$15.08 for adults per arch. CPT codes 88305 and 88307 are also being added to the dental fee schedule. The fee for code 88305 is \$35.42 for children and adults. The fee for code 88307 is \$62.71 for children and adults.

Connecticut Medical Assistance Program fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$130,000 in State Fiscal Year (SFY) 2018 and approximately \$319,000 in SFY 2019.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at

any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) and [Donna.Balaski@ct.gov](mailto:Donna.Balaski@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-I: HIPAA Billing Code and Reimbursement Update – Dental Services”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above email addresses or U.S. Postal address no later than January 10, 2018.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Connecticut

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Dental services – Fixed fee schedule. The agency’s rates were set as follows:

- (a) The rates for dental services provided to adults were set as of January 1, 2018;  
and
- (b) The rates for dental services provided to children were set for dates of service  
on or after January 1, 2018.

Rates are the same for private and governmental providers and are published  
at [www.ctdssmap.com](http://www.ctdssmap.com). From this page, go to “Provider” then to “Provider  
Fee Schedule Download”

TN # 18-I  
Supersedes  
TN # 17-0008

Approval Date \_\_\_\_\_

Effective Date 01/01/2018