

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 19-S: CBCT Dental Fee Schedule Revisions and Addition of Composite Resin Fillings

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) 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 July 1, 2019, SPA 19-S will amend Attachment 4.19-B of the Medicaid State Plan to adjust the procedure codes related to Cone Beam CT (CBCT) imaging found on the Medicaid dental fee schedules. Procedure code D0364 will be repriced, and procedure codes D0365, D0366, D0367 and D0368 will be added. In addition, posterior composite resin restorations codes D2991, D2992, D2993 and D2994 will be added to the dental fee schedule at the same rates currently set for the corresponding amalgam restorations for adults aged twenty-one and older.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download”, then go to the Adult or Children’s Dental Fee Schedule, as applicable. The fees for the codes referenced above are as follows:

CDT Code	Description	Fee
D0364	Cone Beam CT Capture and Interpretation with limited field of - less than one whole jaw view	\$90.00
D0365	Cone Beam CT Capture and Interpretation with field of view of one full dental arch – mandible	\$125.00
D0366	Cone Beam CT Capture and Interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$125.00
D0367	Cone Beam CT Capture and Interpretation with field of view of both jaws; with or without cranium	\$170.00

D0368	Cone Beam CT Capture and Interpretation for TMJ series including two or more exposures \$	\$200.00
D2391	Resin-Based Composite - One Surface Posterior Tooth	\$49.40
D2392	Resin-Based Composite – Two Surfaces Posterior Tooth	\$59.28
D2393	Resin-Based Composite – Three Surfaces Posterior Tooth	\$75.40
D2394	Resin-Based Composite – Four or More Surfaces Posterior Tooth	\$104.00

Fiscal Impact

DSS estimates that this SPA will increase aggregate annual expenditures by approximately \$4,500 in State Fiscal Year (SFY) 2020 and \$5,000 in SFY 2021.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this 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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 19-S: CBCT Dental Fee Schedule Revisions and Addition of Composite Resin Fillings”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than July 3, 2019.

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

- (10) 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, 2019;
and
 - (b) The rates for dental services provided to children were set for dates of service on or after July 1, 2019.

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

TN # 19-S
Supersedes
TN # 19-0002

Approval Date _____

Effective Date 07/01/2019