

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-N: Dental Services – Expanding Coverage for Silver Diamine Fluoride

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 November 1, 2022, SPA 22-N will amend Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to expand the coverage and payment for the use of Silver Diamine Fluoride (SDF) to all children and adults enrolled in the HUSKY Health (Medicaid) population who receive dental services. Prior to this SPA, payment for the use of SDF was limited to children under age six with applicable clinical justification. Specifically, this service is paid using Current Dental Terminology (CDT) code D1354 (Interim Caries Arresting Medicament); the rate is \$28.42 per arch and \$1.00 for each tooth, which is the same rate as currently listed on the dental fee schedule for children. The purpose of this SPA is to expand access to preventive and interceptive dental services for Medicaid members of all ages, thereby improving health and quality of life for members and helping to reduce unnecessary restoration and other services necessary to address tooth decay that may be alleviated through the use of preventive fluoride.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download”, then Accept or Decline the Terms and Conditions and go to the Adult or Children’s Dental Fee Schedule, as applicable.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by \$386,112 in State Fiscal Year (SFY) 2023 and \$681,763 in SFY 2024.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference “SPA 22-N: Dental Services – Expanding Coverage for Silver Diamine Fluoride”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than November 9, 2022.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO CATEGORICALLY
NEEDY GROUP(S): ALL

(b) Limitations

(1) No more than one (1) set of bitewing films during any one (1) calendar year period. However, this limit may be exceeded based on medical necessity. Under EPSDT, children under age 21 will receive all medically necessary services within this category.

(2) For clients 21 years of age and older, the following limitations apply, each of which may be exceeded with prior authorization based on medical necessity:

(A) No more than one (1) oral examination and (1) prophylaxis every year.

(B) All non-emergency services, which includes diagnostic, prevention, prosthetic, basic restoration and non-surgical extractions require prior authorization after the annual maximum benefit limitation is reached.

The annual benefit maximum for non-emergency services for each adult client shall not exceed \$1,000 for each calendar year beginning January 1 through December 31 and will reset each new calendar year.

~~(3) Fluoride treatment for adults is limited to adults who have xerostomia or have undergone head or neck radiation therapy.~~

(43) Clients residing in long-term care facilities may receive up to two (2) oral examinations, prophylaxis, and fluoride treatments per year, which may be exceeded based on medical necessity.

(54) Pre-molar sealants will not be covered, unless medically necessary with prior authorization.

(65) Any sealants that fail within five years from the date of placement will not be covered unless medically necessary with prior authorization. Either the provider that placed the original sealant must return any reimbursement for any sealants that fail within five years or the provider who placed the original sealant may replace the sealant at no cost.

(76) All direct placed restorations that require replacement within two years from the initial date of placement will not be covered unless medically necessary with prior authorization. Replacement may result in recouping the initial restoration fee paid to the provider.

All limitations will be considered on client-based benefit assignment, rather than a provider-based benefit assignment.

TN # 22-N

Approval Date: _____

Effective Date: 11/01/2022

Supersedes

TN # 18-0009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Connecticut
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO MEDICALLY
NEEDY GROUP(S): ALL

(b) Limitations

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- (2) For clients 21 years of age and older, the following limitations apply, each of which may be exceeded with prior authorization based on medical necessity:
 - (A) No more than one (1) oral examination and (1) prophylaxis every year.
 - (B) All non-emergency services, which includes diagnostic, prevention, prosthetic, basic restoration and non-surgical extractions require prior authorization after the annual maximum benefit limitation is reached.

The annual benefit maximum for non-emergency services for each adult client shall not exceed \$1,000 for each calendar year beginning January 1 through December 31 and will reset each new calendar year.

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All limitations will be considered on client-based benefit assignment, rather than a provider-based benefit assignment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

(10) Dental Services:

(a) Dental Services Provided to Adults: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services provided to adults. The agency's fee schedule rates were set as of ~~July~~ November 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website:

<https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

(b) Dental Services Provided to Children: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services provided to children. The agency's fee schedule rates were set January 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>.

From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

TN # 22-N

Supersedes

TN # 22-0023

Approval Date _____

Effective Date 11/01/2022