



# Connecticut Medical Assistance Program

Policy Transmittal 2012-17

PB 2012 - 46  
November 2012

Roderick Bremby, Commissioner

Effective Date: November 1, 2012  
Contact: Donna Balaski @ (860) 424-5342

TO: Dentists, Dental Hygienists, Dental Clinics, Dental School Based Health Centers, Dental Federally Qualified Health Centers and Hospital Based Dental Clinics.

RE: Change of Dental Fee Payment for Dentures and Resin Fillings

The function of this Provider Bulletin is to give important information to dental providers regarding changes in the fee schedule reimbursement payments for multiple dental procedures. These changes will take effect for dates of service November 1, 2012 and forward.

To verify when a denture related procedure was last performed on a client, you can access the client's history on the [www.ctdssmap.com](http://www.ctdssmap.com) secure portal Web site. For further information on how to perform this task, refer to PB 12-36 titled, "Web Portal Claim History Inquiry."

The following dental codes will be included in the fee schedule changes:

Providers can also access the client claim history on the Connecticut Dental Health Partnership website. Go to [www.CTDHP.com](http://www.CTDHP.com)

<u>Code</u>	<u>Description</u>	<u>New Fee</u>
D2391	Resin-One Surface Posterior	\$ 95.00
D2392	Resin-Two Surface Posterior	\$ 114.00
D2393	Resin-Three Surface Posterior	\$ 145.00
D2394	Resin-Four or More Surfaces	\$ 200.00
D5110	Complete Denture Maxillary	\$1,066.00
D5120	Complete Denture Mandibular	\$1,066.00

1. Click on the link on the left hand side of the Home page labeled "**Provider Partners**";
2. then click on "**Sign In**"; and
3. Enter the practice NPI and TIN information in the boxes provided.

Dentures, as indicated by the above dental codes, require a Prior Authorization (PA) for approval. It is important that providers review the section of this Provider Bulletin that addresses PA requests prior to beginning the process of creating new full or partial dentures or replacing existing full or partial dentures. Additionally, in accordance with the Dental Regulations of CT State Agencies, dentures can only be replaced every seven (7) calendar years.

Once the identifying information has been entered successfully, a screen populated with the billing provider's personal information will appear. You can now use the links on the left side of the page to check the client's treatment history.

### Client Eligibility Status and Client Treatment History

To check the client treatment history, follow the steps outlined below:

All providers are strongly encouraged to verify each client's eligibility status before delivering any services to the client. Please refer to Chapter 4 of the Connecticut Medical Assistance Program Provider Manual located at [www.ctdssmap.com](http://www.ctdssmap.com) by clicking on "Information" then "Publications" for ways to perform the verification that is most convenient for your office.

1. Click on the link labeled "**Client Inquiry**;" and
2. Enter the client's Medicaid ID number and date of birth and click "**Submit**."

The screen will return the client's current Eligibility status for the date of the inquiry as well as a listing of all historical dental procedures performed on file for this client. The procedures reported go back to 2008.

For a history of procedures that date back further than 2008, please contact the CTDHP Professional Relations Center at 1-888-445-6665 or the Connecticut Customer Service Center at 1-866-420-2924.

### How to Request Prior Authorization

In the case of either full or partial dentures, a PA request must be submitted. Requirements for completing PA requests for payment can be found in **Chapter 9** of the Connecticut Medical Assistance Program Provider Manual on the [www.ctdssmap.com](http://www.ctdssmap.com) website under Publications.

*All prior authorization reviews will be issued specific to the client and the dental provider. PA will be valid for 365 days from the date of issue. Only those procedures that require PA should be submitted to CTDHP/BeneCare for consideration; all other requests will be returned.*

Hard copy submissions for dentures should be sent to the following address only:

**C/O Bene Care Dental Plans  
P.O. Box 40109  
Philadelphia, PA 19106-0109**

Providers must fill out all of the necessary office information as it is essential to include the address where all materials can be returned.

*Note: FedEx, UPS, etc. will not deliver packages to post office boxes when a signed return receipt is requested.* Any PA request sent to other addresses will be returned to the sender without review.

**Allow fifteen (15) business days for the review and processing of PA requests.**

Electronic PA review requests may also be done electronically via the [www.ctdhp.com](http://www.ctdhp.com) provider Web portal

To upload a PA request, follow the steps outlined below:

1. Access the [www.ctdhp.com](http://www.ctdhp.com) Web site and click on "**Provider Partners.**"
2. Enter your Billing NPI and Tax ID numbers in the appropriate boxes and click on "**Submit.**"
3. A new screen will appear, click on "**Prior Authorization Upload.**"
4. Follow instructions for PA review requests.

### How to Verify Approval Status on the Web

PA approval status may be verified via the Connecticut Medical Assistance Program Web Portal at [www.ctdssmap.com](http://www.ctdssmap.com). Providers can log onto their secure Web account and access the "PA inquiry link" on the right hand side to access the Prior Authorization Inquiry or select Prior Authorization on the Menu Bar. Providers can search for PA approvals by the client ID if they have not received notification from CTDHP with the PA number. Providers may also verify the prior authorization approval by entering the letter "B" followed by the prior authorization number provided by CTDHP.

**Posting Instructions:** Provider Bulletins can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com)

**Distribution:** This Bulletin is being distributed to providers enrolled in the Connecticut Medical Assistance Program by HP Enterprise Services.

**Responsible Unit:** DSS, Division of Health Services, Dental Division, Donna Balaski, D.M.D. at (860) 424-5342

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