



Roderick L. Bremby, Commissioner

Effective Date: September 1, 2014

Contact: Dr. Donna Balaski 860-424-5342

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

**RE: Update to the Medicaid Dental Services Fee Schedule and Policy**

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| <ul style="list-style-type: none"> <li>a) New Codes</li> <li>b) Technical and Professional Components</li> <li>c) Reimbursement Adjustments to Codes</li> <li>d) Codes Removed</li> <li>e) Age Restrictions</li> <li>f) Code Restrictions for Specific Specialties</li> </ul> | <ul style="list-style-type: none"> <li>g) Limited Oral Evaluation (D0140) Change</li> <li>h) Long Term Care Resident Changes</li> <li>i) Prior Authorization and Post Procedure Review</li> <li>j) Tooth Surface Designation</li> </ul> |
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The function of this policy transmittal is to inform providers of several changes to the Medicaid Dental Services Fee Schedule and Policy with the effective dates of September 1, 2014 and October 1, 2014. Codes that are effective October 1, 2014 will be designated with a "\*" on this policy transmittal.

**a) New Codes:** Several dental codes have been added to the Medicaid Dental Services Fee Schedule. Changes to the fee schedule include code additions and descriptions that are defined in the Current Dental Terminology (CDT) Manual as well as the addition of Current Procedural Terminology (CPT) codes specific to radiology and

surgical procedures that are currently on the physician's fee schedule. These updates are consistent with the Healthcare Common Procedure Coding System (HCPCS). This will ensure the dental fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Please refer to the dental fee schedule to determine which taxonomies (specialties) are eligible to use the code and which require prior authorization.

The new procedure codes, descriptions and price per procedure are as follows:

<b>Procedure Code Additions</b>	<b>Description</b>	<b>New Children's Fee</b>
D0340	Cephalometric Film	\$128.00
D0362	Cone Beam – Two Dimensional Image Reconstruction, Includes Multiple Images	\$190.00
D0364	Cone Beam – Three Dimensional Image Reconstruction, Includes Multiple Images	\$250.00
D0425*	Caries Susceptibility Screening	\$45.00
D0601*	Caries Risk Assessment – Low Risk	\$23.00
D0602*	Caries Risk Assessment – Moderate Risk	\$23.00
D0603*	Caries Risk Assessment – High Risk	\$23.00
D1320*	Tobacco Counseling for the Control and Treatment of Disease	\$6.50
D2934	Prefabricated Coated Aesthetic Stainless Steel Crown	\$339.00

<b>Procedure Code Additions</b>	<b>Description</b>	<b>New Children's Fee</b>
D3352	Apexification Intermediate Visit ^Restricted to members under the age of 18	\$253.00
D3353	Apexification, Final Visit ^Restricted to members under the age of 18	\$253.00
D5986	Fluoride Gel Carrier	\$135.00
D7251	Coronectomy – Partial	\$285.00
D7261	Primary Closure of a Sinus Perforation	\$640.00
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$95.00
D7294	Surgical Placement of Temporary Anchorage Device Without Flap	\$180.00
D7852	Surgical Repair of Disc	\$2,500.00
D7865	Arthroplasty	\$2,500.00
D7871	Non-arthroscopic Lysis and Lavage	Manually Priced
D7880	Occlusal Orthotic Device, by Report	\$800.00
D7865	Arthroplasty	\$2,500.00
D7941	Osteotomy (Bilateral) Mandibular Rami	\$6,000.00
D8020	Fixed Appliance Therapy	Manually Priced
D8220	Limited Ortho treatment - Transitional Dentition	\$800.00
20525	Removal of Foreign Body	301.47
20900	Bone Graft Any Donor Area; Minor or Small	\$356.45
20902	Bone Graft Any Donor Area; Major or Large	\$1,070.49
21120	Genioplasty; Augmentation (Autograft)	\$760.56
21121	Genioplasty; Sliding Osteotomy Single p	\$857.00
21122	Genioplasty; Sliding Osteotomies Two or	\$820.06
21123	Genioplasty; Sliding Augmentation with	\$1,053.98
21141	Reconstruct Midface Lefort	\$2,320.95
21142	Reconstruct Midface Lefort	\$2,298.69
21143	Reconstruct Midface Lefort	\$2,353.05
21145	Reconstruct Midface Lefort	\$2,650.47
21146	Reconstruct Midface Lefort	\$2,733.72
21147	Reconstruct Midface Lefort	\$2,831.04
21150	Reconstruct Midface Lefort	\$2,934.75
21151	Reconstruct Midface Lefort	\$3,434.79
21154	Reconstruct Midface Lefort	\$3,785.58
21155	Reconstruct Midface Lefort	\$4,147.89
21159	Reconstruct Midface Lefort	\$5,053.53
21160	Reconstruct Midface Lefort	\$4,501.59
21172	Reconstruct Superior-Lateral Orbital	\$1,983.58
21175	Reconstruction Bifrontal Superior-Late	\$2,397.16

<b>Procedure Code Additions</b>	<b>Description</b>	<b>New Children's Fee</b>
21179	Reconstruction Entire or Majority of Fo	\$3,417.92
21180	Reconstruction Entire or Majority of Fo	\$1,923.10
21181	Reconstruction by contouring of Benign T	\$841.80
21182	Reconstruction of Orbital Walls Rims F	\$2,344.84
21183	Reconstruction of Orbital Walls Rims F	\$2,617.20
21184	Reconstruction of Orbital Walls Rims F	\$2,901.04
21188	Reconstruction Midface Osteotomies	\$2,871.09
21193	Reconstruction of Mandibular Rami Horizontal	\$3,990.48
21194	Reconstruction of Mandibular Rami Horizontal	\$3,990.48
21195	Reconstruction of Mandibular Rami and/or	\$2,356.62
21196	Reconstruction of Mandibular Rami and/or	\$2,532.93
21198	Osteotomy Mandible Segmental/	\$1,972.68
21199	Osteotomy Mandible Segmental; With Gen	\$1,751.58
21206	Osteotomy Maxilla Segmental Eg Wassm	\$1,955.76
21208	Osteoplasty Facial Bones; Augmentation	\$1,765.12
21209	Osteoplasty Facial Bones; Reduction	\$915.36
21244	Reconstruction of Mandible, Extraoral w	\$1,794.51
21245	Reconstruction of Mandible or Maxilla's	\$1,940.37
21246	Reconstruction of Mandible or Maxilla's	\$1,507.59
21247	Reconstruction of Mandibular Condyle Wit	\$2,861.19
21248	Reconstruction of Mandible or Maxilla e	\$1,794.54
21249	Reconstruction of Mandible or Maxilla e	\$2,549.28
21255	Reconstruction of Zygomatic Arch and Gle	\$1,621.28
21256	Reconstruction of Orbit with Osteotomies	\$1,347.06
21260	Periorbital Osteotomies for Orbital Hype	\$3,001.06
21261	Periorbital Osteotomies for Orbital Hype	\$2,622.84
21263	Periorbital Osteotomies for Orbital Hype	\$2,260.68
21267	Orbital Repositioning Periorbital Osteo	\$1,863.86
21268	Orbital Repositioning Periorbital Osteo	\$2,210.28
21270	Augmentation Cheek Bone	\$1,620.60
21275	Revision Orbitofacial Bones	\$1,454.50
21355	Percutaneous Treatment of Fracture of Ma	\$499.66
21356	Open Treatment of Depressed Zygomatic Ar	\$569.22
21360	Open Treatment of Depressed Malar Fractu	\$610.22
21365	Open Treatment of Complicated (eg Commi)	\$1,950.70
21366	Open Treatment of Complicated (eg Commi)	\$1,414.06
21385	Open Treatment of Orbital Floor Blowou	\$1,713.64
21386	Open Treatment of Orbital Floor Blowou	\$2,535.68
21387	Open Treatment of Orbital Floor Blowou	\$2,535.68
21390	Open Treatment of Orbital Floor Blowou	\$2,313.86

Procedure Code Additions	Description	New Children's Fee
21395	Open Treatment of Orbital Floor Blowou	\$1,512.82
21400	Closed Treatment of Fracture of Orbit e	\$105.00
21401	Closed Treatment of Fracture of Orbit e	\$1,950.70
21406	Open Treatment of Fracture of Orbit Exc	\$2,300.62
21407	Open Treatment of Fracture of Orbit Exc	\$2,300.62
21408	Open Treatment of Fracture of Orbit Exc	\$1,014.68
21421	Closed Treatment of Palatal or Maxillary	\$776.64
21422	Open Treatment of Palatal or Maxillary f	\$786.20
21423	Open Treatment of Palatal or Maxillary f	\$936.22
21431	Closed Treatment of Craniofacial Separat	\$1,404.84
21432	Open Treatment of Craniofacial Separatio	\$2,250.78
21433	Open Treatment of Craniofacial Separatio	\$2,333.34
21435	Open Treatment of Craniofacial Separatio	\$2,250.78
21436	Open Treatment of Craniofacial Separatio	\$3,334.98
21440	Closed Treatment of Mandibular or Maxill	\$827.46
21445	Open Treatment of Mandibular or Maxillar	\$1,618.04
21450	Closed Treatment of Mandibular Fracture	\$1,144.64
21451	Closed Treatment of Mandibular Fracture	\$1,540.00
21452	Percutaneous Treatment of Mandibular Fra	\$1,120.08
21453	Closed Treatment of Mandibular Fracture	\$1,333.98
21454	Open Treatment of Mandibular Fracture wil	\$2,025.75
21461	Open Treatment of Mandibular Fracture wil	\$2,025.75
21462	Open Treatment of Mandibular Fracture wil	\$3,129.21
21465	Open Treatment of Mandibular Condylar fr	\$2,025.75
21470	Open Treatment of Complicated Mandibular	\$2,738.40
21480	Closed Treatment of Temporomandibular di	\$150.06
21485	Closed Treatment of Temporomandibular di	\$150.06
21490	Open Treatment of Temporomandibular dis	\$2,184.30
21495	Open Treatment of Hyoid Fracture	\$1,095.18
21497	Interdental Wiring for Condition other	\$676.82
21501	Incision and Drainage, Deep Abscess or h	\$546.03
21502	Incision and Drainage, Deep Abscess or h	\$924.75
21510	Incision Deep with Opening of Bone core	\$1,109.60

**b) Technical and Professional Components:** the following codes have both technical and professional components.

Please refer to the fee schedule for the appropriate reimbursement rate for each component.

Procedure Code Additions	Description
70300	Radiologic Examination, Teeth; Single VI
70310	Radiologic Examination, Teeth; Partial E
70320	Radiologic Examination, Teeth; Complete
70328	Radiologic Examination, Temporomandibular Joint
70330	Radiologic Examination Temporomandibular Joint
70332	Temporomandibular Joint Arthrography
70336	Magnetic Image Jaw Joint
70350	Cephalogram, Orthodontic
70355	Orthopantogram

**c) Reimbursement Adjustments to Codes:**

The following CDT codes have undergone reimbursement adjustments.

Procedure Code	Description	New Children's Fee
D8692	Replacement of Lost or Broken Retainers	\$200.00

**d) Codes Removed:** The following codes have been removed from the dental fee schedule:

Procedure Code	Description
D0310	Sialography
D2933	Prefabricated stainless steel crown with resin window

**e) Age Restrictions:** The following codes are now restricted to members under the age of twenty-one.

Procedure Code Additions	Description	Limitations
D3110	Pulp Cap, Direct	Not Applicable

**f) Code Restrictions for Specific Specialties:**

Please review the updated fee schedule carefully as some codes are now restricted to specific specialties. For example, code D0120 (Periodic oral evaluation) is no longer payable effective September 1, 2014 for the following specialties:

270 Endodontist  
 276 Oral & Maxillofacial Pathologist  
 293 Oral & Maxillofacial Radiologist  
 296 Anesthesiologist  
 272 Oral Surgeons  
 273 Orthodontist  
 278 Hygienist (effective 10/1/2014)

The following codes now require prior authorization (PA) and/or Post Procedure Review (PR) for designated taxonomies (specialties). Please refer to the dental fee schedule for further details

<b>Procedure Code</b>	<b>Description</b>	<b>Requirements</b>
D0321	Other TMJ Films	
D2934	Prefabricated Aesthetic Stainless Steel Crown Note effective date is 10/1/2014	Post – procedure Radiograph
D3310	Root Canal Therapy, Anterior	Post – procedure Radiograph
D3320	Root Canal Therapy, Premolar	Post – procedure Radiograph
D3330	Root Canal Therapy, Molar	Post – procedure Radiograph
D3950	Obturation	Radiograph
D7240	Removal of Impacted Tooth, Complete Boney	Radiograph
D7270	Reimplant/Stablize Tooth	
D7286	Biopsy of Oral Soft Tissue	Requires pathology report
D7320	Alveoloplasty, not in Conjunction with Tooth Extraction	
D7410	Excision of Benign Lesion , <1.25 cm	Requires pathology report
D7411	Excision of Benign Lesion, >1.25 cm	Requires pathology report
D7412	Excision of Benign Lesion, Complicated	Requires pathology report
D7413	Excision of Malignant Lesion <1.25 cm	Requires pathology report
D7414	Excision of Malignant Lesion, >1.25 cm	Requires pathology report
D7415	Excision of Malignant Lesion, Complicated	Requires pathology report
D7440	Excision of Malignant Lesion, Complicated	Requires pathology report
D7441	Excision of Malignant Lesion, Diameter >1.25 cm	
D7450	Removal of Benign Odontogenic Cyst/Tumor < 1.25 cm	Requires pathology report
D7451	Removal of Benign Odontogenic Cyst/Tumor > 1.25 cm	Requires pathology report
D7460	Removal of Benign Nonodontogenic Cyst/Tumor < 1.25	Requires pathology

	cm	report
D7461	Removal of Benign Nonodontogenic Cyst/Tumor > 1.25 cm	Requires pathology report
D7465	Destruction of Lesion by Physical or Chemical Means	
D7971	Excision of Pericoronal Gingiva	

Refer to the fee schedule for PA and PR requirements for each code.

**g) Limited Oral Evaluation (D0140)**

**Change:** Effective September 1, 2014, both children and adults will now be eligible for four (4) problem focused evaluations per calendar year. Currently one (1) Limited Oral Evaluation D0140 is allowed per day. If the limit is exceeded, claims will post EOB 6499, Limit to four evaluations per calendar year.

**h) Long Term Care Resident Changes:**

Effective October 1, 2014, all clients who reside in long term care facilities will be eligible for an additional cleaning, fluoride and examination (twice yearly rather than once yearly) *without prior authorization*.

**i) Prior Authorization and Post Procedure Review:**

Requirements for completing prior authorization requests or post procedure authorization for payment can be found in **Chapter Nine** of the Connecticut Medical Assistance Program Provider Manual on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site under "**Publications**". Providers may also view the CTDHP Web site at [www.ctdhp.com](http://www.ctdhp.com).

PA and PR practices have been implemented to ensure that appropriate treatment is given to the client with respect to remaining dentition, oral health status, medical health and necessity in accordance with the Medical Assistance Program policies outlined in Chapter Seven of the Medical Assistance Program policy manual. All prior authorizations and post procedure reviews

*will be issued specific to the client and the treating dental provider. Prior authorizations will be valid for 365 days from the date of issue. Post procedure reviews will be valid for 365 days from the date of service.*

*Non – orthodontic hard copy PA/PR requests can be mailed to:*

**CT Medicaid Prior-Authorizations  
C/O BeneCare Dental Plans  
P.O. Box 40109  
Philadelphia, PA 19106-0109**

*Orthodontic hard copy PA requests can be mailed to:*

**Orthodontic Case Review  
C/O BeneCare Dental Plans  
195 Scott Swamp Road, Suite 101  
Farmington, CT 06032**

**j) Tooth Surface Designation:** This portion of the policy transmittal is intended to inform dental providers about the proper tooth surface designations to use for primary and permanent dentition when submitting claims which involve CDT codes for restorative procedures.

The tooth surface designations remain consistent with the American Dental Association's Universal/National Tooth Designation System; known as the "JP" system. The following single letter codes are used to designate the tooth surfaces:

B Buccal  
D Distal  
F Facial or labial  
I Incisal

- L Lingual
- M Mesial
- O Occlusal

In accordance with The Dental Regulations [184E.I.c.2.(c)], the Connecticut Medical Assistance Program does not reimburse for the restoration of separate surfaces when treatment is performed on a single tooth by the same provider (on the same tooth, for the same provider). **Dental providers will be reimbursed for the total number of surfaces restored on a single tooth per one year period for each provider.**

Example: Tooth #19 receives a “MO” restoration in forthcoming changes. On March 15, 2015, the same provider submits a claim for a “DO” restoration on tooth #19 for the same patient. The claim will not pay for a second two surface restoration but will pay the difference between the two surface and a three surface restoration.

The following surfaces will be restricted to the following specified teeth. Effective October 1, 2014, claims will deny with EOB 0610, Tooth number/tooth surface combination invalid.

Tooth Surface Applicable	Code	Teeth
Buccal	B	1-32, A- T
Distal	D	1-32, A-T
Facial	F	1-32, A-T
Incisal	I	6-11; 22-27; C- H and M - R
Lingual	L	1-32, A-T
Mesial	M	1-32, A-T
Occlusal	O	1-5; 12-21; 28-32, A, B, I-L, S, T

Beginning October 1, 2014, amalgam and resin procedure codes must be billed with the proper number of surfaces or claims will deny

with EOB 0266, “Insufficient number of valid tooth surface codes billed”.

Beginning October 1, 2014, tooth surface B (buccal) and F (facial) will no longer be allowed to be billed in conjunction with each other for the same procedure code and tooth number. EOB 0611, Surface B & F not payable together - equal surfaces will post if on the same claim or EOB 5018 Surface B & F not payable together - equal surfaces when billed on separate claims.

Please note that the dental fee schedule posted on the Connecticut Medical Assistance Program Provider Manual by Hewlett Packard Enterprise Services (HP) will reflect these changes. The fee schedule may be accessed at: [www.ctdssmap.com](http://www.ctdssmap.com) Select, “Provider”, Click on, “Provider Fee Schedule and Downloads”

*Please note that going forward, there will no longer be a PDF formatted dental fee schedule posted to the website; only the CSV fee schedule format will be available.*

**Distribution:** This policy transmittal is being distributed to providers enrolled in the Connecticut Medical Assistance Program by HP.

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

**Date Issued:** September 2014