

## **DEPARTMENT OF SOCIAL SERVICES**

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

#### **HIPAA Billing Code and Reimbursement Update – Dental Services (SPA 16-011)**

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).

#### Dental Services

Effective on or after January 1, 2016, SPA 16-011 will amend Attachment 4.19-B of the Medicaid State Plan to adjust reimbursement for dental services, including adding and deleting selected Current Dental Terminology (CDT) codes to ensure the dental fee schedule remains compliant with the Health Information Portability and Accountability Act (HIPAA). The added codes are being priced in a manner that is intended to make the overall change cost-neutral. This SPA also will correct a technical error regarding limits on the number of cleanings, fluoride and examinations allowed per year without prior authorizations for beneficiaries residing in long-term care facilities, which was inadvertently omitted in a previous SPA but continues to reflect the policy of the Medicaid program.

#### Fiscal Information

Based on available information, DSS estimates that this SPA will not change annual aggregate expenditures.

#### Information on Obtaining SPA Language and Submission of Comments

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS website: <http://www.ct.gov/dss>. Go to “Publications” and then to “Updates”.

Written, phone, and email requests should be sent to Ginny Mahoney, Department of Social Services, Division of Health Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov)). Please reference “SPA 16-011: Dental Reimbursement Update”.

Members of the public may also send DSS written comments about this SPA. Written comments must be received at the above contact information no later than January 13, 2016.

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

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(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, no more than one (1) oral examination and (1) prophylaxis every year. 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
- (3) Fluoride treatment for adults is limited to adults who have xerostomia or have undergone head or neck radiation therapy.
- (4) 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.

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

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

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- (10) Dental services – Fixed fee schedule. The agency’s rates were set as of January 1, 2016 and are effective for services on or after that date. 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”
- (11) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of independent therapies, including physical therapy and related services, occupational therapy and audiology and speech pathology services and the fee schedule is published at [www.ctdssmap.com](http://www.ctdssmap.com). From this page, go to “Provider” then to “Provider Fee Schedule Download”.
- a) Physical therapy and related services – Fixed fee schedule. Rates were set as of January 1, 2012 and effective for services on or after that date.
- b) Occupational therapy – Fixed fee schedule. Rates were set as of January 1, 2012 and are effective for services on or after that date. Occupational therapists will be reimbursed according to the fee schedule for physical therapists.
- c) Audiology and speech pathology services – Fixed fee schedule. Rates were set as of January 1, 2016 and effective for services on or after that date.

TN # 16-011

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

Effective Date 1/01/2016

Supersedes

TN # 14-038 (Please note this page also overlaps with SPA 16-012 and 15-043)