

**DEPARTMENT OF SOCIAL SERVICES**

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

**Dental Reimbursement Reduction and Coverage Update (SPA 16-0028)**

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**

In accordance with the adjustments to the State Fiscal Year 2017 state budget that were recently approved by the General Assembly in Senate Bill 501 of the May 2016 Special Session, effective on or after August 1, 2016, SPA 16-0028 will amend Attachment 4.19-B of the Medicaid State Plan to reduce the fees for several dental codes to the following:

<b><u>Code</u></b>	<b><u>New Fee</u></b>
D2930 Prefab Stainless Steel Crown (Primary)	\$200.00
D2931 Prefab Stainless Steel Crown (Permanent)	\$200.00
D2934 Aesthetic Coated Stainless Steel Crown	\$300.00
D8670 Periodic Orthodontic Treatment	\$87.13

These changes are necessary to reimburse more economically and efficiently for these specified dental services. These changes are also necessary to implement the state budget for state fiscal year 2017 adopted by the General Assembly.

In addition, this SPA will also amend Attachments 3.1-A and 3.1-B as follows:

Code D1351, Sealants, will no longer be routinely covered on the premolar teeth (4, 5, 12, 13, 20, 21, 28 & 29). In the event there are any sealants that fail within five years from the date of placement, the reimbursement fee will be recouped from the office that placed the original sealant or the provider who placed the original sealant may replace the sealant at no cost.

All direct placement restoration codes will no longer be eligible for replacement with reimbursement for a two year period by any Connecticut Medical Assistance Program (CMAP) provider without prior authorization. All direct placed restorations (D2140, D2150, D2160, D2161, D2330 – D2335, D2391 – D2394) are anticipated to have a life expectancy of at least two years. Any restorations that are faulty or have recurrent decay and require replacement within two years from the initial date of placement will require prior authorization regardless of

the provider and the replacement may result in recoupment of the initial restoration fee paid to the performing provider.

These changes are necessary to reflect best clinical practices and to improve the efficiency of the dental program.

### **Fiscal Impact**

DSS estimates that this SPA will reduce annual aggregate expenditures by approximately \$3.6 million in State Fiscal Year 2017 and approximately \$4.7 million in State Fiscal Year 2018.

### **Compliance with Federal Access Regulations**

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to dental services as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

### **Information on Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates.” The proposed SPA may also be obtained at any DSS field office and upon request from DSS.

To request a copy of the SPA or to send comments about the SPA, please email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov) or write to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799). Please reference “SPA 16-0028: Dental Reimbursement Reduction and Coverage Update”.

Anyone may send DSS written comments about this SPA, including comments about access to services affected by this SPA. Written comments must be received at the above contact information no later than August 25, 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.
- (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.
- (5) Pre-molar sealants will not be covered, unless medically necessary with prior authorization.
- (6) 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.
- (7) 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 # 16-0028**  
**Supersedes**  
**TN # 16-011**

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

**Effective Date 08/01/2016**

**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

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- (10) Dental services – Fixed fee schedule. The agency’s rates were set as of August 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.

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