

**DEPARTMENT OF SOCIAL SERVICES**

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

**SPA 18-0030: Dental Reimbursement for CDT Code D1354**

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 September 1, 2018, SPA 18-0030 (formerly SPA 18-Z) will amend Attachment 4.19-B of the Medicaid State Plan to revise the reimbursement methodology for Current Dental Terminology (CDT) code D1354-Interim Caries Arresting Medicament. CDT code D1354 will change from a fee for service reimbursement to a special pricing reimbursement methodology. A “Special Pricing Prior Authorization” was created for this CDT code to allow for the specification of the tooth or teeth in which an “interim caries arresting medicament” is applied to each dental arch. This revision will allow for better assessment of oral health in the members who receive this service.

<b>CDT Code</b>	<b>Description Summary</b>	<b>Fee Child</b>	<b>Fee Adult</b>
D1354	Interim Caries Arresting Medicament	\$28.42	\$28.42
	Each additional tooth	\$1.00	\$1.00

Connecticut Medical Assistance Program fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

**Fiscal Impact**

It is estimated that the proposed changes will be cost neutral.

**Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “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](mailto:Public.Comment.DSS@ct.gov) and [Donna.Balaski@ct.gov](mailto:Donna.Balaski@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-0030: Dental Reimbursement for CDT Code D1354”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above email addresses or U.S. Postal address no later than September 12, 2018.

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

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Dental services – Fixed fee schedule. The agency’s rates were set as follows:

- (a) The rates for dental services provided to adults were set as of September 1, 2018; and
- (b) The rates for dental services provided to children were set for dates of service on or after September 1, 2018.

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”

TN # 18-0030  
Supersedes  
TN # 18-0010

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

Effective Date 09/01/2018