

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 19-AA: Dental Fee Schedule Update – CDT Code D2990

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 November 1, 2019, SPA 19-AA will amend Attachment 4.19-B of the Medicaid State Plan to adjust the children and adult dental fee schedules as follows. Specifically, Current Dental Terminology (CDT) Code D2990, “Resin Infiltration for Incipient Smooth Surface Lesions” will be added to the dental fee schedules and dental providers will need to bill D2990 in place of D2330 and D2391 in cases where restorations are focused on small areas of one tooth surface. Because D2990 is a lower rate than the existing rates for D2330 or D2331, which are not being changed by this SPA, this SPA results in a lower rate being paid for restorations that are focused on small areas of one tooth surface. This SPA results in more accurate reimbursement when the restorations are focused on small areas of one tooth surface.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download”, then go to the Adult or Children’s Dental Fee Schedule, as applicable. The fees for CDT code D2990 are as follows:

CDT Code	Description	Fee Adult	Fee Children
D2990	Resin Infiltration for Incipient Smooth Surface Lesions	\$40.00	\$40.00

Fiscal Impact

DSS estimates that this SPA will decrease aggregate annual expenditures by approximately \$39,000 in State Fiscal Year (SFY) 2020 and \$81,000 in SFY 2021.

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 the dental services for which rates are being reduced or payment is being restructured in a manner that could affect access, as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this 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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 19-AA: Dental Fee Schedule Update – CDT Code D2990”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 24, 2019.

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

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 November 1, 2019; and
- (b) The rates for dental services provided to children were set for dates of service on or after November 1, 2019.

Rates are the same for private and governmental providers and are published at www.ctdssmap.com. From this page, go to “Provider” then to “Provider Fee Schedule Download”

TN # 19-AA
Supersedes
TN # 19-0019

Approval Date _____

Effective Date 11/01/2019