



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: January 1, 2022
Contact: Refer to Responsible Unit Section

TO: All Dental Providers

RE: January 2022 Quarterly Dental Fee Schedule HIPAA Compliant Update

January 2022 Quarterly HIPAA Compliant Update:

Effective for dates of service January 1, 2022 and forward, the Department of Social Services (DSS) has incorporated the January 2022 Healthcare Common Procedure Coding System (HCPCS) changes by replacing deleted current Dental Terminology (CDT) codes with newly added CDT codes to the Dental adult and children fee schedules.

DSS is making these changes to ensure that the dental fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). The changes apply to services reimbursed under the HUSKY Health A, B, C and D programs.

Effective December 31, 2021, DSS has ended the following CDT code from the dental fee schedule:

CDT Code	Description Summary
D8060	Interceptive treatment of the transitional dentition

Effective for dates of service January 1, 2022 and forward, the below CDT code has been **added** to the Dental fee schedules to replace the above code. The code is now more specific regarding the type of dental services that will be rendered.

CDT Code	Description Summary
D8020	Limited orthodontic treatment of the transitional dentition

Effective for dates of service January 1, 2022 and forward, the below CDT codes have been **added** to the Dental fee schedules in the oral

surgery section. Please note these two codes D7299 and D7300 further expand on the D7997 that is currently used.

CDT Code	Description Summary
D7299	Removal of temporary anchorage device requiring flap
D7300	Removal of temporary anchorage device [anchorage plate with screws] with flap

Effective for dates of service January 1, 2022 and forward, the below CDT codes have been **added** to the Dental fee schedules in the prosthodontic section.

CDT Code	Description Summary
D5725	Rebase of hybrid prosthesis Manually Priced
D5765	Soft liner for complete or partial denture (indirect)

Select codes may require prior authorization (PA) or post-procedure review (PPR) for payment, depending on provider type or specialty. Please see the dental fee schedules posted on the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com for more details.

Please refer to the fee schedules to determine the specific applicability of PA requirements by dental specialty.

For questions regarding the PA process, please contact the Connecticut Dental Health Partnership (CTDHP) at 1-855-CTDENTAL or Provider Services at 1-800-222-9150.

Accessing the Fee Schedules:

The Dental Adult and Dental Pediatric fee schedules can be accessed and downloaded by logging onto the CMAP Web site: www.ctdssmap.com. From this Web page, go to “***Provider***”, then to “***Provider Fee Schedule Download***”. Click on the “***I accept***” button and proceed to click on the “***Dental***” fee schedule (Adult or Pediatric). To access the CSV file, press the control key while clicking the CSV link, then select “***Open***”.

For questions about billing or if further assistance is needed to access the fee schedules on the CMAP Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

CTDHP posts a copy of the adult and children’s fee schedules on their Web site: www.ctdhp.com.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit: DSS, Division of Health Services, Integrated Care, Dental Unit, Donna Balaski, D.M.D. at (860) 424-5342 or donna.balaski@ct.gov or Hope Mitchell-Williams at (860) 424-5538 or hope.mitchell-williams@ct.gov

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