

# CHAPTER 4 - Department of Social Services Medical Services Policy Overview

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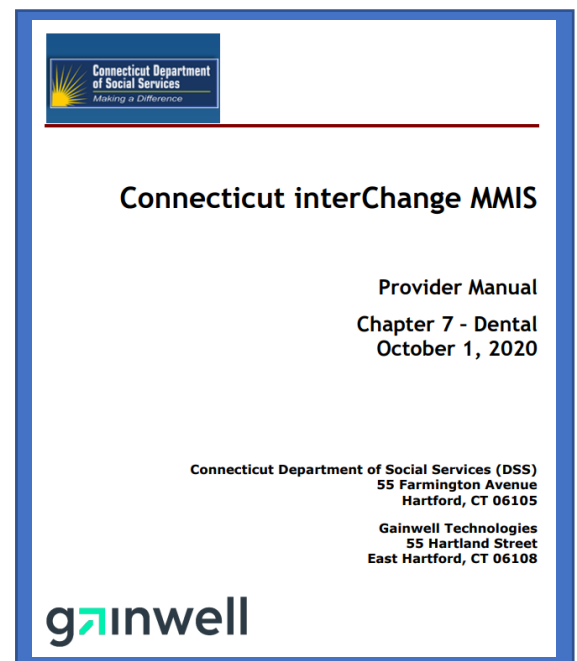
Chapter 4 outlines current regulations, and how to access the most current policy. It also reviews the policy sections, The Medical Necessity: Section 22 of Public Act 10-03 (Deficit Mitigation Act) and Commonly Asked Questions – regarding missed appointments and financial arrangements

## Current Regulations

[Chapter Seven of the Connecticut Medical Assistance Program](#) contains the current dental regulations that CTDHP/BeneCare will use to determine whether or not a service meets qualifying standards under the program as related to the client’s medical necessity.

CTDHP/BeneCare dental consultants may request additional prior authorization documentation to better evaluate whether a service is appropriate or not.

Any updates to state policy will be communicated to providers in the form of a Policy Transmittal or bulletin distributed by Gainwell. You should maintain copies of them as they are received.



## How to Access the Most Current Policy

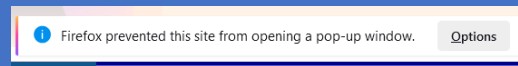
1. To access Chapter Seven, go to [www.ctdssmap.com](http://www.ctdssmap.com)
2. On the left-hand menu bar, locate the "Information" box
3. Select "Publications" from this box

The screenshot shows the website header with the Connecticut Department of Social Services logo and navigation links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, Electronic Visit Verification. Below the navigation is a search bar and a "Provider Manuals" section.

4. Locate Chapter 7
5. Select "Dental" from the drop-down box that states "Select a Provider Type"
6. Click "View Chapter 7"

Provider Manuals	
Chapter	
1	<a href="#">Introduction</a>
2	<a href="#">Provider Participation Policy</a>
3	<a href="#">Provider Enrollment and Re-enrollment</a>
4	<a href="#">Client Eligibility</a>
5	<a href="#">Claim Submission Information</a>
	Additional Chapter 5 Information <ul style="list-style-type: none"> <li><a href="#">Carrier Listing Sorted by Name</a></li> <li><a href="#">Carrier Listing Sorted by Code</a></li> </ul>
6	<a href="#">Electronic Data Interchange Options</a>
	Specific Policy / Regulation
7	Select a provider type <input type="text"/> <a href="#">View Chapter 7</a>

**IMPORTANT TIP:** If you have trouble accessing Chapter 7 at CTDSSMap.com – be sure you check your Pop Up Blockers and check to allow access to the CTDSSMap site PDFs. (look at the top of your screen for a message like this:



and ALLOW the pop ups. Could be on the right or left top of your screen depending on your browser.

**New regulations are expected to be released in the future. You will be given a thirty (30) day notice by the Department before any new regulations become effective.**

## **Department of Social Services Medical Services Policy**

This section outlines the medical services policy and regulations of the Connecticut State Agencies as they relate to dental services, dental practices, dental hygienists and clinics.

Topics in each section below include:

- Scope
- Definitions
- Provider participation
- Eligibility
- Services covered and limitations
- Services not covered
- Billing procedures
- Documentation of services provided
- Summary of Benefits Grid

### **Dental Services**

Chapter 7 Pgs 1-19

For the purposes of this section, dental services are diagnostic, preventive, or restorative procedures, performed by a licensed dentist in a private or group practice or in a clinic; a dental hygienist, trained dental assistant or, or other dental professionals employed by the dentist, group practice or clinic, providing such services are performed within the scope of their profession in accordance with State law.

These services relate to:

- I. The teeth and other structures of the oral cavity; and
- II. Disease, injury, or impairment of general health only as it relates to the oral health of the recipient

## Clinics

Chapter 7 Pgs 20-23

For the purposes of this Section, clinics are facilities not associated with a hospital. They provide medical or medically-related services for diagnosis, treatment and care of persons with chronic or acute conditions.

## Dental Clinics

Chapter 7 Pgs 24-36

A dental clinic provides diagnostic, preventive, or restorative procedures to outpatients in a clinic staffed by dentists, dental hygienists, dental assistants and other dental professionals performing within the scope of their profession in accordance with State law. Services performed relate to

- I. The teeth and other structures of the oral cavity; and
- II. Disease, Injury, or impairment of general health only as it relates to the oral health of the recipient.

## Requirements for Payment of Public Health Dental Hygienist Services (Regulations of Connecticut State Agencies)

Chapter 7 Last 7 pages

Sections 17b-262-693 to 17b-262-700, inclusive, set forth the requirements for payment of public health dental hygienist services for persons determined eligible for Connecticut's Medicaid Program pursuant to Section 17b-262 of the Connecticut General Statutes.

## Summary of Benefits Grid

The summary of dental benefits grid for providers is located in the dropdown menu for Dental Providers on [ctdhp.org](http://ctdhp.org). It is also easily accessible from the Welcome page:

<https://ctdhp.org/dental-providers/welcome/>

Dental Coverage Limitations by Program				
See FQHC Additional ADA Codes & Encounter Codes for more information regarding FQHC's				
Procedure Service	Common ADA Codes	HUSKY A	HUSKY B (Eligible to age 19)	HUSKY C & HUSKY D
Dental Home-	"The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate."			
Periodic Oral Evaluation	D0120	For clients <21 years of age limited to one per client per 6-month period For clients 21 years of age or older limited to one client per calendar year  Effective September 1, 2014, D0120 is no longer payable for the following specialties: Endodontists, Oral & Maxillofacial Radiologists, Oral & Maxillofacial Pathologists, Anesthesiologists, Oral Surgeons, Orthodontists, and Hygienists (effective 10/01/2014). <b>Note:</b> When a client has a chronic medical condition (examples include but are not limited to uncontrolled diabetes, organ transplant, or is taking an anti-coagulation medication) which warrants a dental examination more than one time per six (6) month period for a child up to the age of 21, an additional service may be requested through the established post procedure review process.  In the circumstance when an adult (21+) client has received frequency limited services within the current calendar year AND has a chronic medical or dental condition that warrants a dental service more frequently than the defined limitations for each procedure, an additional service may be requested through the established post procedure review process.  Once a member turns twenty-one, the member is now considered an adult and is eligible for a periodic oral exam and cleaning regardless if the member received the services during the same year as a "child". Effective June 15 <sup>th</sup> , 2013, CTDHP will no longer accept or process prior authorization requests for D0120 without a date of service. Submissions for these procedures will be processed on a post-procedure review basis only.		

## **Medical Necessity: Section 22 of Public Act 10-03 (Deficit Mitigation Act)**

(a) For purposes of the administration of the medical assistance programs by the Department of Social Services, "medically necessary" and "medical necessity" mean those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.

(b) Clinical policies, medical policies, clinical criteria or any other generally accepted clinical practice guidelines used to assist in evaluating the medical necessity of a requested health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity.

(c) Upon denial of a request for authorization of services based on medical necessity, the individual shall be notified that, upon request, the Department of Social Services shall provide a copy of the specific guideline or criteria, or portion thereof, other than the medical necessity definition provided in subsection (a) of this section, that was considered by the department or an entity acting on behalf of the department in making the determination of medical necessity.

(d) The Department of Social Services shall amend or repeal any definitions in the regulations of Connecticut state agencies that are inconsistent with the definition of medical necessity

provided in subsection (a) of this section, including the definitions of medical appropriateness and medically appropriate, that are used in administering the department's medical assistance program. The commissioner shall implement policies and procedures to carry out the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after implementation. Such policies and procedures shall be valid until the time the final regulations are adopted.

## COMMONLY ASKED QUESTIONS

### Services Which Cannot be Charged to an Eligible HUSKY Member

#### **Can a provider charge HUSKY member for missed appointments?**

**No.** Federal Medicaid policy **does not allow** providers to charge Medicaid members a fee for missed appointments. In addition, missed appointments are not a distinct, reimbursable Medicaid service, but are considered a part of providers' overall cost of doing business.

Providers are also **not allowed to collect an up-front deposit** that is retained in the event that the HUSKY member breaks a scheduled appointment. Please see bulletin **PB15-05** for complete information on this topic.

#### **Can a provider have a private Financial Arrangement with a Medicaid covered member?**

**No.** A provider may not make arrangements with a Medicaid covered patient to pay for Medicaid covered services outside the program. If a provider sees a Medicaid member they must agree to payments as dictated by current Medicaid policy. Personal agreements between dentist and patient cannot be made in conflict of Medicaid policy.

This policy includes providers who have restricted their patient base in any way.

#### **Can a provider give a HUSKY Health member a service that is not covered, charge HUSKY Health (Medicaid) and then balance bill the patient?**

**No.** Dental providers cannot provide a service that is not covered (upgrade or alternate treatment), charge Medicaid and then charge the patient the difference.

