



Connecticut Medical Assistance Program

Policy Transmittal 2022-52

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Provider Bulletin 2022-73

October 2022

Effective Date: November 1, 2022

Email: donna.balaski@ct.gov

TO: All Dental Providers, Dental Clinics and Dental Federally Qualified Health Centers

RE: 2022 Dental Fee Schedule Update for CDT D1354

Effective for dates of service November 1, 2022, and forward, the Department of Social Services (DSS) is expanding the use for Current Dental Terminology (CDT) code, D1354 (Interim Caries Arresting Medicament). DSS is making these changes to ensure that the dental fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA) and comport with the prevailing standards of care. The changes apply to services reimbursed under all the HUSKY Health programs.

(1) time per tooth regardless of the tooth surface every four (4) months for a maximum of six (6) times per lifetime of the tooth/teeth. Additional applications may be prior authorized if medically necessary – please see the section below on how and where to submit prior authorization requests. All teeth requiring SDF application in the oral cavity shall be treated in one visit and not over multiple appointments regardless of the type of provider, facility, clinic or Federally Qualified Health Center (FQHC) delivering the service.

Effective for dates of service November 1, 2022, and forward, code D1354 will be eligible for use on HUSKY A, B, C and D Members for both children and adults who *are at risk for advancing caries*.

At this time, SDF is not approved by professional dental associations as a generalized fluoride treatment and will not be reimbursed as such.

Code	Description Summary	Fee Child	Fee Adult
D1354	Interim Caries Arresting Med	\$28.42	\$28.42
	For Each Tooth	\$1.00	\$1.00

At the time of this policy bulletin, code D1354 with SDF is not a generally accepted standard to be used in conjunction with restorative treatment of the same tooth on the same date of service. If teeth treated with SDF are restored by the same billing provider within three months, DSS will recoup the D1354 fee and apply the fee to the restorative procedure.

D1354 - Interim Caries Arresting Medicament is for use by **dentists only** who treat children and/or adults. The application of the Silver Diamine Fluoride (SDF) will continue to be approved based on the arch and tooth number(s).

Claims Submission

For Primary Teeth (Teeth A through T) , SDF may be applied one (1) time every four (4) months regardless of the tooth surface until the tooth nears exfoliation. For Permanent Teeth (Teeth 1 through 32), SDF may be applied one

All claims containing the D1354 code with dates of service on or after November 1, 2022, should be submitted directly to Gainwell Technologies for payment in the same manner as all other claims are submitted. Please note, for code D 1354, fields 25 (area of oral cavity) and 27 (tooth numbers) are required fields.

Field 25. Area of Oral Cavity:

01 Maxillary Arch

02 Mandibular Arch

Field: 27. Tooth Number(s) or Letter(s):

Primary Teeth : A through T

Permanent Teeth: 1 through 32

Prior Authorization

Prior Authorization (PA) is no longer required for the procedure code, D1354 Interim Caries Arresting Medicament as of November 1, 2022.

If in the rare instance, using the ‘sandwich’ technique with SDF and a permanent direct placement restoration, a PA should be submitted to BeneCare dental plans using the D1999 code for the use of the SDF. The PA requests for adults who may require longer periods of SDF use should request a PA from BeneCare Dental Plans/CTDHP.

No PA is required for the first six (6) SDF applications for adult Members and will only be needed for the extension of its use (or when using the ‘sandwich’ technique as described above), and for example for Members who have special healthcare needs or may reside in skilled nursing facilities. PA’s may be submitted electronically via the www.ctdhp.com website or through the U.S. Postal Service in hard copy format.

To electronically upload a PA request, follow the steps outlined below:

1. Access the www.ctdhp.com Web site and click on "**Dental Providers**" and click on "**Provider Login.**"
2. Enter your Billing NPI and Tax ID numbers in the appropriate boxes and click on "**Submit.**"
3. A new screen will appear, click on "**Prior Authorization Upload.**"

4. Follow instructions for the prior authorization or post procedure review requests.

Hard copy submissions for non-orthodontic services except for D8692 that require PA should be sent to the following address:

**Prior Authorization
C/O BeneCare Dental Plans
P.O. Box 40109
Philadelphia, PA 19106-0109**

PA requests that are approved will be valid for twelve months from the date of issue.

Use of Silver Diamine Fluoride

SDF is known to cause dark stains on tooth surfaces where the decay is located and treated. Removal of the arrested caries and the restoration placement with a composite resin restoration will restore the aesthetics of the tooth. It is recommended that the aesthetic results of the use of SDF on decayed tooth surfaces be fully explained to the patient before treatment with the SDF application.

SDF also temporarily stains the oral mucosa for a period of about 3 months. Caution should be taken when applying the SDF to carious lesions.

Accessing the Fee Schedules:

The adult and children’s dental fee schedules can be accessed and downloaded by logging onto the Connecticut Medical Assistance Program 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 schedule on the Connecticut Medical Assistance

Program 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.

The Connecticut Dental Health Partnership (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 www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program 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.

Date Issued: October 2022