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Boston Regional Operations Group

January 17, 2020

Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Gifford:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 19-0030, submitted to my office on December 30, 2019 and approved on January 17, 2020.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to update the dental fee schedules for adults and children by adding Current Dental Terminology (CDT) code 02990 (Composite Resin for Smooth Surface Incipient Lesions) to the adult and children's dental fee schedules.

This SPA's approval is effective November 1, 2019, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19-B, Pages 1(e)

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/S/

Francis T. McCullough
Deputy Director
Financial Management Group

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
19-0030

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
November 1, 2019

5. TYPE OF STATE PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1905(a)(10) of the Social Security Act and
42 CFR 440.100

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 (\$33,000)
b. FFY 2021 (\$46,000)


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Page 1(e)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (if applicable)
Attachment 4.19-B, Page 1(e)

10. SUBJECT OF AMENDMENT: Effective November 1, 2019, this SPA amends Attachment 4.19-B of the Medicaid State Plan to update the dental fee schedules for adults and children by adding Current Dental Terminology (CDT) code D2990 (Composite Resin for Smooth Surface Incipient Lesions) to the adult and children's dental fee schedules. 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.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/ 

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Avenue - 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

13. TYPED NAME: Kathleen

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
December 30, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 30, 2019

18. DATE APPROVED: January 17 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
November 1 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:
Francis T. McCullough

22. TITLE: Deputy Director
Financial Management Group

23. REMARKS:

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

- (10) 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 # 19-0030
Supersedes
TN # 19-0019

Approval Date 1/17/20_____

Effective Date 11/01/2019