

Table of Contents-CT SPA 18-0010

1. Table of Contents
2. Approval Letter
3. CMS-179
4. Approved Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

June 6, 2018

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose via email, a copy of approved Connecticut State Plan Amendment (SPA) No. 18-0010, submitted to my office on March 27, 2018 and approved on April 25, 2018. This SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the fee schedules for dental services provided to children and adults. These revisions incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) in order to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. This SPA also adds codes DI354, 88305 and 88307 to the dental fee schedule.

This SPA has been approved effective January 1, 2018, as requested by the State.

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

- Attachment 4.19BA, page 1(e)

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/S/

Richard R. McGreal
Associate Regional Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**1. TRANSMITTAL NUMBER:
18-0010

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 SERVICES4. PROPOSED EFFECTIVE DATE:
January 1, 2018

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 440.1007. FEDERAL BUDGET IMPACT:
a. FFY 2018 \$105,000
b. FFY 2019 \$161,000

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 January 1, 2018, SPA 18-0010 amends Attachment 4.19-B of the Medicaid State Plan to revise the fee schedules for dental services provided to children and adults. These revisions incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) in order to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. This SPA also adds codes D1354, 88305 and 88307 to the dental fee schedule.

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:

13. TYPED NAME: Roderick L. Bremby

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

14. TITLE: Commissioner

15. DATE SUBMITTED:

March 27, 2018

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 27, 2018

18. DATE APPROVED: April 25 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1 2018

20. SIGNATURE OF REGIONAL OFFICIAL: /S/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

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 January 1, 2018;
and
 - (b) The rates for dental services provided to children were set for dates of service
on or after January 1, 2018.

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”