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Boston Regional Operations Group

April 23, 2019

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. 19-0002, submitted to my office on March 29, 2019 and approved on April 23, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to update the dental fee schedules for adults and children. This SPA incorporates various 2019 Healthcare Common Procedure Coding System (HCPCS) (additions, deletions and description changes) to the adult and children's dental fee schedules. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category and replacement codes are being priced in a manner designed to make the billing code updates cost-neutral. In addition to the HIPAA compliance update, this SPA also adds various surgical codes to both the adult and children's dental fee schedules.

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

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

- Attachment 4.19-B, Page 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
Director
Division of Medicaid Field Operations East
(Boston)

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**1. TRANSMITTAL NUMBER:
19-0002

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, 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 440.1007. FEDERAL BUDGET IMPACT:
a. FFY 2019 \$190,000
b. FFY 2020 \$296,0008. 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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, 2019, this SPA amends Attachment 4.19-B of the Medicaid State Plan to update the dental fee schedules for adults and children as follows. This SPA incorporates various 2019 Healthcare Common Procedure Coding System (HCPCS) (additions, deletions and description changes) to the adult and children's dental fee schedules. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category and replacement codes are being priced in a manner designed to make the billing code updates cost-neutral. DSS is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). In addition to the HIPAA compliance update, this SPA also adds various surgical codes to both the adult and children's dental fee schedules.

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 SUBMITTAL12. 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 28, 2019**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 29, 2019

18. DATE APPROVED: April 23, 2019

PLAN APPROVED – ONE COPY ATTACHED19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 201920. SIGNATURE OF REGIONAL OFFICIAL:
/S/21. TYPED NAME:
Francis T. McCullough22. TITLE: Director
Division of Medicaid Field Operations-East

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, 2019;
and
 - (b) The rates for dental services provided to children were set for dates of service
on or after January 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”