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Center for Medicaid & CHIP Services

December 11, 2019

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. 19-0019, submitted to my office on September 30, 2019 and approved on December 11, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to adjust the procedure codes related to Cone Beam Computed Tomography (CBCT) imaging on the Medicaid dental fee schedules. Procedure code D0364 will be repriced, and procedure codes D0365, D0366, D0367 and D0368 will be added. In addition, posterior composite resin restorations codes D2391, D2392, D2393 and D2394 will be added to the dental fee schedule at the same rates currently set for the corresponding amalgam restorations for adults aged twenty-one and older.

This SPA's approval is effective July 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 Group Director
Financial Management Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 19-0019	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: July 1, 2019	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2019 \$700 b. FFY 2020 \$2,700
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Page 1(e)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 July 1, 2019, SPA 19-0019 amends Attachment 4.19-B of the Medicaid State Plan to adjust the procedure codes related to Cone Beam Computed Tomography (CBCT) imaging on the Medicaid dental fee schedules. Procedure code D0364 will be repriced, and procedure codes D0365, D0366, D0367 and D0368 will be added. In addition, posterior composite resin restorations codes D2391, D2392, D2393 and D2394 will be added to the dental fee schedule at the same rates currently set for the corresponding amalgam restorations for adults aged twenty-one and older.

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: <i>/S/</i>	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 M. Brennan	
14. TITLE Deputy Commissioner	
15. DATE SUBMITTED: September 30, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30 2019	18. DATE APPROVED: December 11 2019
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1 2019	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/S/</i>
21. TYPED NAME: Francis T. McCullough	22. TITLE: Director 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 July 1, 2019;
and
 - (b) The rates for dental services provided to children were set for dates of service on or after July 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 # 19-0019
Supersedes
TN # 19-0002

Approval Date 12/11/19_____

Effective Date 07/01/2019