

**DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FINANCIAL MANAGEMENT & ANALYSIS  
MEMORANDUM**

**TO:** Trish McCooley  
Donna Balaski

**FROM:** Lee Vogel

**DATE:** July 29, 2011

**RE:** Fiscal Note –Adult Dental Coverage Regulations

---

Attached is the fiscal note to accompany the regulation cited above when it is submitted to the for approval. If you have any questions, please feel free to contact me at 424-5842.

Thank you.

**C:** Mark Schaefer  
Robert Zavoski  
Mike Gilbert  
Mari Spallone  
Margaret O'Keefe

*The Connecticut Department of Social Services*

**FISCAL IMPACT STATEMENT**

DATE OF REQUEST: July 28, 2011

TITLE: To amend the State Plan under Title XIX of the Social Security Act (Medicaid), to reflect changes to the coverage for adult dental services effective July 1, 2011.

STATE IMPACT: Under the SFY 2012-13 biennial budget, changes are made to the current dental benefits for adults that will reduce the procedures covered while maintaining services that will prevent further disease, emergency department use and maintain appropriate oral health.

State Cost/(Savings) SFY 2012: \$(13,298,165)  
State Cost/(Savings) SFY 2013: \$(13,923,028)

State Revenue SFY 2012: Loss of revenue at FFP rate of 50%  
State Revenue SFY 2013: Loss of revenue at FFP rate of 50%

MUNICIPAL IMPACT:  
None

EXPLANATION OF STATEMENT:

This regulation limits the dental procedures covered for enrollees age 21 and older to those shown on the attached.

Completed by: DFMA

Date transmitted to Director of Financial Management & Analysis: July 29, 2011

Date transmitted to Government Relations: \_\_\_\_\_

### Reduce Non-Emergency Dental Services for Adults under Medicaid

Under the Governor's budget, changes will be made to the current dental benefits for adults that will reduce the overall program expenditures while maintaining services that will prevent further disease, emergency department use and maintain appropriate oral health. This proposal will address the following areas:

1. Adult Comprehensive Exam (D0150) - Reduce the benefit for reimbursement to once per lifetime (or at the discretion of the Commissioner). Currently, providers can bill for this service once every three years.
2. Adult Periodic Exam (\*D0120) - Reduce the exam to once per year for healthy adults. Currently, providers can bill for this service twice a year.
3. Adult Prophylaxis (D1110) - Reduce the service to once a year for healthy adults, with some exceptions subject to prior authorization.
4. Adult Fluoride (D1204, D1206) - Limit coverage to adults who have undergone head and neck radiation therapy or have xerostomia. Currently, 95% of the use of adult fluoride is in long-term care facilities.
5. Bitewing X-rays (D0270, D0272, D0274)- Limit adults to once per year. Currently, providers can bill twice a year.
6. Periapical X-rays (D0220, D0230) - Restrict foru per year with some exceptions subject to prior authorization. Currently, providers can bill for up to four per visit.
7. Panoramic X-ray (D0330) - Restrict the benefit for conditions such as full mouth extractions or treatment of fractures or other emergencies. Currently this benefit can be covered once every three years.
8. Composite Fillings (D2391, D2392, D2393, D2394) - Restrict the benefit to front teeth only (teeth 4 – 13, and 20 through 29).
9. Removable Partial Denture / Complete Denture (D5110, D5120, D5211, D5212, D5213, D5214) - Reduce the replacement to once every seven year regardless of the reason for the loss of use of the device (or at the discretion of the Commissioner). Currently, dentures can be replaced once every five years or whenever they are lost or stolen.
10. Extended Care Facility Call (D9410)- Limited private practice dentists and public health hygienists who provide care to clients external to the office or clinic environment.