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State of Connecticut
REGULATION
of

NAME OF AGENCY

Department of Social Services

Concerning

SUBJECT MATTER OF REGULATION

Limitations on Non-Emergency Dental Services Provided to Medicaid Clients Twenty-One Years of Age and Older

Section 1. The Regulations of Connecticut State Agencies are amended by adding sections 17b-262-862 to 17b-262-866, inclusive, as follows:

(NEW) Sec. 17b-262-862. Scope

Sections 17b-262-862 to 17b-262-866, inclusive, of the Regulations of Connecticut State Agencies set forth limitations on the extent of non-emergency dental services provided to people twenty-one years of age and over who receive services under the Connecticut Medicaid program. Such limitations include coverage limits, prior authorization requirements and exclusions from coverage. Except as provided in section 17b-262-862 of the Regulations of Connecticut State Agencies, these regulations supplement but do not supplant Department Medical Services Policies for dental services, including but not limited to, provider participation, eligibility, coverage limitations, billing procedures and payment, to the extent that such policies have the force of law pursuant to section 17b-10 of the Connecticut General Statutes. The limitations in these regulations apply to services performed by a licensed dentist in a private or group practice or in a clinic and to services performed by a dental hygienist, trained dental assistant or other dental professional employed by a dental practice or clinic. All services provided must be performed by people acting within the scope of their profession in accordance with state law.

(NEW) Sec. 17b-262-863. Definitions

As used in section 17b-262-862 to 17b-262-866, inclusive, of the Regulations of Connecticut State Agencies:

- (1) "Authorization" means the approval of payment for services or goods by the department or its agent, based on a determination of medical necessity;
- (2) "Bitewing" means the horizontal or vertical form of the dental radiograph that reveals approximately the coronal halves of the upper and lower teeth showing the interproximal contacts and portions of the interdental alveolar septa on the same film;
- (3) "Comprehensive oral examination" means an evaluation by a general dentist consisting of a thorough examination and recording of the extraoral and intraoral hard and soft tissues, evaluation for oral cancer, the evaluation and recording of the patient's medical and dental history and a general health assessment. It also includes the recording of dental caries, previously placed dental restorations, missing or unerupted teeth, existing prosthesis,

periodontal conditions, hard and soft tissue anomalies, and occlusal relationships. It may require interpretation of information acquired through additional diagnostic procedures.

- (4) “Dental services” means any service provided by or under the direct or indirect supervision of a licensed dentist. The licensed dentist assumes the primary responsibility for all dental procedures performed under his or her direct or indirect supervision;
- (5) “Dentist” means an individual who holds a license issued by the Department of Public Health to practice dental medicine in the State of Connecticut pursuant to section 20-106 of the Connecticut General Statutes;
- (6) “Dentures” means artificial structures made by or under the direction of a dentist to replace a full or partial set of teeth;
- (7) “Department” or “DSS” means the Department of Social Services or its agent;
- (8) “Emergency” means a dental condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect that absence of immediate dental attention could result in placing the health of the individual, or with respect to a pregnant woman, her unborn child, in serious jeopardy, cause serious impairment to body functions or cause serious dysfunction of any body organ or part;
- (9) “Evidence-based practice” means an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences;
- (10) “Examination” means a comprehensive assessment of the oral condition of an individual performed by a licensed dentist;
- (11) “Fixed bridge” means a prosthetic consisting of false teeth, which are anchored onto adjacent teeth in order to replace one or more missing teeth. The false tooth is known as a pontic and is fused in between two crowns that serve as abutments by attaching to the teeth on each side of the false tooth, thereby bridging them together;
- (12) “Fluoride treatment” means the application of any professionally prescribed product containing a professional dose of applied fluoride;
- (13) “Gingivectomy” means the excision or removal of gingival tissue;
- (14) “Gingivoplasty” means the surgical process employed to reshape gingival tissue;
- (15) “Healthy adult” means an individual twenty-one years of age or older for whom there is no evidence indicating that dental disease is an aggravating factor for the individual's overall health condition;
- (16) “Implant” means the material inserted or grafted endosteally, eposteally or transosseally into the mandible or maxillae as a means of providing for a dental replacement;

- (17) "Intraoral" means within the oral cavity;
- (18) "Medical necessity" or "medically necessary" has the same meaning as provided in section 17b-259b of the Connecticut General Statutes;
- (19) "Medicaid" means the Connecticut Medical Assistance Program operated by the Connecticut Department of Social Services under Title XIX of the Federal Social Security Act, and related state and federal rules and regulations;
- (20) "Molar" means the three teeth located immediately behind the premolar teeth in the lower and upper arches;
- (21) "Oral health" means the well being of the teeth and the gingivae and their supporting connective tissues, ligaments and bone; the hard and soft palate; the mucosal tissue lining of the mouth and throat; the tongue; the lips; the salivary glands; the muscles of mastication and facial expression; the mandible; the maxillae; the temporomandibular joints; the cranial nerves and the vascular systems that support the head and neck;
- (22) "Oral examination" means the type of assessment performed by a dentist or a professional who is licensed to perform such examinations to determine the oral health status of a patient. The evaluation is based on the client's history, the interpretation of diagnostic procedures, direct examination and other relevant information;
- (23) "Periapical radiographs" means intraoral films used to reveal the apices of a specified tooth or teeth;
- (24) "Periodic Oral Examination" means an evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since the previous periodic oral evaluation or comprehensive examination and includes oral cancer evaluation, periodontic screening and may require interpretation of information required through additional diagnostic procedures.
- (25) "Prior authorization" means a process by which a specified procedure must be reviewed and approved by the department or its agent before the performing provider may deliver the proposed dental service and expect to be reimbursed for the service;
- (26) "Professional services" are the procedures delivered by a licensed dental professional that are performed within the scope of practice to ensure that a patient receives necessary dental care;
- (27) "Prophylaxis" means the complete removal of calculus, soft debris, plaque, stains and the smoothing of unattached tooth surfaces through scaling by rotary, ultrasonic or other mechanical means described as standard procedure by the American Dental Association;
- (28) "Resin-based composites" means one of many pliable materials that consists of disparate materials that are cured secondary to a chemical or light stimulated reaction to provide a stable directly placed restoration requiring acid-etching of the tooth surface, liners, bases, a curing process and final finishing which are part of the placement procedure;
- (29) "Restorative procedures" means procedures performed to remove diseased tooth structure or repair broken teeth;

- (30) “Teeth” means “teeth” as described using the Universal/National Numbering System:
 Anterior teeth are denoted 6 through 11, 22 through 27
 Premolar teeth are denoted 4, 5, 12, 13, 20, 21, 28, 29
 Molar teeth 1 through 3, 14 through 19, 30 through 31
 Posterior teeth are denoted as 1 through 5, 12 – 21, 28 through 32
 Supernumerary primary teeth are denoted as AS through TS
 Supernumerary permanent teeth are denoted as 51 through 83;
- (31) “Vestibuloplasty” means any of a series of surgical procedures designed to restore alveolar ridge height by lowering the muscles attached to the buccal, labial and lingual aspects of the jaws; and
- (32) “Xerostomia” means abnormal dryness of the mouth.

(NEW) Sec. 17b-262-864. Exclusions

Medicaid coverage of the following dental services is excluded for adult recipients twenty-one years of age and over:

- (1) Fixed bridges;
- (2) periodontics, with the exception of gingivoplasty and gingivectomy, where coverage is allowed on a case-by-case basis conditioned upon demonstration of medical necessity and subject to prior authorization requirements;
- (3) implants;
- (4) cosmetic dentistry;
- (5) vestibuloplasty;
- (6) unilateral removable appliances;
- (7) partial dentures where there are at least eight (8) teeth in occlusion, and not missing anterior teeth;
- (8) restorative procedures to deciduous teeth nearing exfoliation;
- (9) orthodontia; and
- (10) resin-based composite restorations to the molar teeth (teeth numbers 2, 3, 14, 15, 18, 19, 30 and 31).

(NEW) Sec. 17b-262-865. Limitations on Coverage of Certain Non-emergency Dental Services

Coverage of the following non-emergency dental services is limited when provided to clients twenty-one years of age and older. Each of the limitations on coverage described below are subject to exception on a case-by-case basis based upon demonstration of medical necessity and any other factors specified below. Prior authorization is required for medical payment to be available as an exception to any of the following limitations on coverage.

(a) Examinations. The following services shall be limited as follows:

- (1) One comprehensive oral examination per client per lifetime. If a client changes dental providers, the new provider may request approval to conduct an additional comprehensive oral examination through the prior authorization process.
- (2) One periodic oral examination per client per year.

(b) X-Rays. Coverage of x-ray services shall be limited as follows:

- (1) Four intraoral periapical x-rays per year.
- (2) One set of bitewing x-rays during per year.

(c) Preventive Services. Coverage of the following preventive services shall be limited as follows:

- (1) One topical fluoride application for clients who have xerostomia or have undergone head or neck radiation or chemotherapy.
- (2) One prophylaxis procedure per year.

(d) Prosthodontics. Coverage of prosthodontics shall be limited as follows:

- (1) One complete and partial denture prosthesis construction per seven year period. Clients shall sign an acceptance form upon receipt of new denture prosthesis acknowledging that the prosthesis is acceptable and that he or she understands the department's replacement policy.
- (3) Replacement of denture prosthesis more than once in a seven year period shall be limited to replacement for reasons of medical necessity. Replacement shall not be made for cosmetic reasons. Replacement shall not be made if the prosthesis was lost, stolen or destroyed as a result of misuse, abuse or negligence.

(NEW) Sec. 17b-262-866. Prior Authorization Requirements

- (a) Prior authorization, in a form and in a manner specified by the department, shall be required for certain dental services. In order for a prior authorization request for coverage to be considered by the department, the dental provider requesting authorization and payment shall complete and submit all necessary forms and information as specified by the department. Depending on the service requested, this information may include, but is not limited to, a treatment plan, narrative description of the client's medical condition and radiographs. Authorization does not guarantee payment unless all other requirements for payment are met.
- (b) All prior authorization requirements shall be based upon provider specialty, evidence-based dentistry and according to procedures performed by each specialty. In particular, restrictions are delineated for clients under 21 years of age and clients 21 years of age and older.

- (c) The department considers a number of factors in determining whether coverage of a particular procedure or service shall be subject to prior authorization. These factors include, but are not limited to, the relative likelihood that the procedure may be subject to unnecessary or inappropriate utilization, the availability of alternative forms of treatment and the cost of the procedure or service.
- (d) The department identifies those procedures that are subject to prior authorization requirements on its website at www.ctdssmap.com under "Fee Schedule."
- (e) If the department denies a request for prior authorization, the recipient may request an administrative hearing with the department.

Section 2. Sections 184B.IV, 184B.VI, 184E.I.e.3, 184E.II.a. to 184E.II.t, inclusive, 184F.II, 171.3B.III, 171.3BV, 171.3.F.II, of the Department's Medical Services Policy are repealed.

Statement of Purpose

To adopt regulations of the Department of Social Services describing limitations on the extent of non-emergency dental services provided to individuals twenty-years of age and older under the Medicaid program pursuant to General Statutes § 17b-282d. The changes in regulation are designed to reduce excessive dental procedures while maintaining services for adults that will: prevent further disease; decrease emergency department use and continue the maintenance of appropriate oral health.