R-39 Rev. 02/2012
(Title page)

IMPORTANT: Read instructions on back of last page (Certification Page) before completing this form. Failure to comply with instructions may cause disapproval of proposed Regulations

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 adults twenty-one years of age and older who receive services under the Connecticut Medicaid program. Such limitations include coverage limits, prior authorization requirements and services that are not covered under Medicaid. 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.

(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) "Bitewing" means the horizontal or vertical form of the dental radiograph that reveals the coronal halves of the upper and lower teeth showing the interproximal contacts and portions of the interdental alveolar septa on the same film;

(2) "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.

(3) "Cosmetic dentistry" means employing a number of different dental procedures singlularly or in concert with each other in an effort to enhance the appearance of the teeth or face. Procedures performed for cosmetic reasons include but are not limited to crown replacement, veneer placement, bonding techniques for reasons other than the restoration of caries,

mechanical reshaping of a tooth or teeth, orthodontic treatment or implant placement and restoration;

(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" or "denture prosthesis" 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) "Healthy adult" has the same meaning as provided in section 17b-282d of the Connecticut General Statutes;

(14) "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;

(15) "Intraoral" means within the oral cavity;

(16) "Medical necessity" or "medically necessary" has the same meaning as provided in section 17b-259b of the Connecticut General Statutes;

(17) "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;

(18) "Molar" means the three teeth located immediately behind the premolar teeth in the lower and upper arches;

(19) "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;

(20) "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;

(21) "Orthodontia" means pertaining to orthodontic treatment which is the specialty of dental medicine concerned with the growth and development of oro-facial structures, including irregularities of bone and alignment, the non-alignment of teeth within the dental arch, alignment discrepancies between the maxillary and mandibular arches and associated oro-facial anomalies;

(22) "Periapical x-rays" means intraoral films used to reveal the apices of a specified tooth or teeth;

(23) "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.

(24) "Prior authorization" means approval from the department for the provision of a service or the delivery of goods before the provider actually provides the service or delivers the goods;

(25) "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;

(26) "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;

(27) "Restorative procedures" means procedures performed to remove diseased tooth structure or repair broken teeth;

(28) "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;

(29) "Unilateral removable appliance" means a dental appliance or device that is prescribed, constructed and placed in or on a patient by a dentist as part of a treatment protocol for the sole purpose of addressing anomalies or deficiencies on one side of the oral cavity, dental quadrant or with the facial structures;

(30) "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

(31) "Xerostomia" means abnormal dryness of the mouth.

(NEW) Sec. 17b-262-864. Limitations on Coverage of Certain Non-emergency Dental Services

The limitations on coverage of certain non-emergency dental services in subsection (a) of this section apply to healthy adults. The limitations on non-emergency dental services in subsection (b) of this section apply to all adults twenty-one years of age and older and are subject to the prior authorization requirements in section 17b-262-866 of the Regulations of Connecticut State Agencies.

(a) Coverage of non-emergency dental services provided to healthy adults 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 described in section 17b-262-866 of the Regulations of Connecticut State Agencies;

(2) One periodic oral examination per client per year;

(3) Four intraoral periapical x-rays per year;

(4) One set of bitewing x-rays per year; and

(5) One prophylaxis procedure per year.

(b) Coverage of non-emergency dental services provided to all adults twenty-one years of age and older shall be limited as follows:

(1) One topical fluoride treatment for clients who have xerostomia or have undergone head or neck radiation or chemotherapy.

(2) Prosthodontics:

(a) Coverage of complete and removable partial dentures for functional purposes when there are fewer than 8 posterior teeth in occlusion or missing anterior teeth is

subject to prior authorization requirements in section 17b-262-866 of the Regulations of Connecticut State Agencies.

(b) Coverage of removable partial dentures when there are more than 8 posterior teeth in occlusion and no missing anterior teeth is allowed on a case-by-case basis conditioned upon a demonstration of medical necessity and subject to prior authorization requirements in section 17b-262-866 of the Regulations of Connecticut State Agencies;

(c) One complete and partial denture prosthesis construction is covered per seven year period. Clients shall sign an acceptance form upon receipt of a new denture prosthesis acknowledging that the prosthesis is acceptable and that he or she understands the department's replacement policy as described in subsection (d) of this section;

(d) 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;

(3) Coverage for periodontics is allowed on a case-by-case basis conditioned upon a demonstration of medical necessity and subject to prior authorization requirements in section 17b-262-866 of the Regulations of Connecticut State Agencies; and

(4) Coverage of implants and unilateral removable appliances is allowed on a case-by-case basis conditioned upon a demonstration of medical necessity and subject to prior authorization requirements in section 17b-262-866 of the Regulations of Connecticut State Agencies.

(NEW) Sec. 17b-262-865. Services Not Covered

Medicaid does not cover the following dental services for adults twenty-one years of age and older:

(1) Fixed bridges;

(2) cosmetic dentistry;

(3) vestibuloplasty;

(4) orthodontia; and

(5) resin-based composite restorations to the molar teeth (teeth numbers 1, 2, 3, 14, 15,16, 17, 18, 19, 30, 31 and 32).

(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, the department delineates restrictions 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 in accordance with section 17b-60 of the Connecticut General Statutes.

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-282c. 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.

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(Certification page—see Instructions on back)

CERTIFICATION

This certification statement must be completed in full, including items 3 and 4, if they are applicable.

1) **I hereby certify that the above** *(check one)* ☒ Regulations ☐ Emergency Regulations

2) **are** *(check all that apply)* ☒ adopted ☐ amended ☐ repealed **by this agency pursuant to the following authority(ies):** *(complete all that apply)*

   a. *Connecticut General Statutes* section(s) 17b-262 and 17b-282d.

   b. Public Act Number(s) _____.
   (Provide public act number(s) if the act has not yet been codified in the Connecticut General Statutes.)

3) **And I further certify that notice of intent to adopt, amend or repeal said regulations was published in the *Connecticut Law Journal* on** August 2, 2011;
(Insert date of notice publication if publication was required by CGS Section 4-168.)

4) **And that a public hearing regarding the proposed regulations was held on** August 31, 2011;
(Insert date(s) of public hearing(s) held pursuant to CGS Section 4-168(a)(7), if any, or pursuant to other applicable statute.)

5) **And that said regulations are EFFECTIVE** *(check one, and complete as applicable)*
   ☒ When filed with the Secretary of the State
   OR ☐ on *(insert date)* _____

DATE	SIGNED *(Head of Board, Agency or Commission)*	OFFICIAL TITLE, DULY AUTHORIZED
1/9/13		Deputy Commissioner

***APPROVED** by the **Attorney General** as to legal sufficiency in accordance with CGS Section 4-169, as amended*

DATE	SIGNED *(Attorney General or AG's designated representative)*	OFFICIAL TITLE, DULY AUTHORIZED
1/14/13	Joseph Rubin	ASSOC. ATTY. GENERAL

*Proposed regulations are **DEEMED APPROVED** by the Attorney General in accordance with CGS Section 4-169, as amended, if the attorney General fails to give notice to the agency of any legal insufficiency within thirty (30) days of the receipt of the proposed regulation.*

(For Regulation Review Committee Use ONLY)

☐ Approved ☐ Rejected without prejudice

☐ Approved with technical corrections ☐ Disapproved in part, *(Indicate Section Numbers disapproved only)*

☐ Deemed approved pursuant to CGS Section 4-170(c)

By the Legislative Regulation Review Committee in accordance with CGS Section 4-170, as amended	DATE	SIGNED *(Administrator, Legislative Regulation Review Committee)*

Two certified copies received and filed and one such copy forwarded to the Commission on Official Legal Publications in accordance with CGS Section 4-172, as amended.

DATE	SIGNED *(Secretary of the State)*	BY

(For Secretary of the State Use ONLY)