

## NOTICE OF CONNECTICUT STATE AGENCIES

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### DEPARTMENT OF SOCIAL SERVICES

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#### Notice of Proposed Medicaid State Plan Amendment (SPA)

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#### SPA 23-AF: Adding Select Procedure Codes for Evaluation/Management Services to Pediatric and Adult Dental Fee Schedules

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS). Public comment information listed below.

#### **Changes to Medicaid State Plan**

Effective on or after September 1, 2023, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to make the changes described below.

The following procedure codes for evaluation/management will be added to the dental fee schedules for adults and children and billing will be restricted to oral and maxillofacial surgeons, oral and maxillofacial pathologists, oral and maxillofacial radiologists, and dental clinics:

Procedure Code	Description	Rate
99202	New pt outpt visit, 15-29 mins.	44.98
99203	New pt outpt visit visit, 30-44 mins.	66.40
99204	New pt outpt visit visit, 45-59 mins.	100.17
99205	New pt outpt visit, 60-74 mins.	125.34
99212	Est. pt outpt visit visit, 10-19 mins.	26.83
99213	Est. pt outpt visit visit, 20-29 mins.	42.93
99214	Est. pt outpt visit visit, 30-39 mins.	64.99
99215	Est. pt outpt visit visit, 40-54 mins.	87.60

The addition of these select E/M codes will allow for more accurate billing of actual services performed by these dental providers including appropriate reimbursement.

The fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download", then Accept or Decline the Terms and Conditions and go to the Adult or Pediatric Dental Fee Schedule, as applicable.

#### **Fiscal Impact**

DSS estimates that adding procedure codes for E/M to the pediatric and adult fee schedule are estimated to increase annual aggregate expenditures by approximately \$14,513 in State Fiscal Year (SFY) 2024 and \$22,422 in SFY 2025.

**Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 23 AF: Adding Select Procedure Codes for Evaluation/Management Services to Pediatric and Adult Dental Fee Schedules”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than September 6, 2023.

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