

Max Fee column - MP means MANUALLY PRICED

Note: T1015 MAY BE BILLED ONLY BY FQHCs - PROVIDER SPECIFIC RATE

Pgm Limits Column (1) indicates program limitations apply. See Provider Manual Chapter 7 and also the following policy transmittals PB 06-103; PB 09-25; PB 09-57; PB 11-07; PB 11-61; PB 14-62; PB 14-72; PB 15-15; PB 15-27; PB 16-45; PB 18-51; PB 19-03; PB 19-42; PB 19-66 and PB 21-52

Pgm Limits Column(8) indicates service is limited to private practice (non-group related) dentists and public health hygienists. See policy transmittal PB 11-61.

Effective 9/1/2018: Procedure D1354 will pay \$28.42 for the first tooth and all additional teeth will pay \$1.00.

PA TYPE designates:

PR means Authorization Review is required to be obtained from Connecticut Dental Health Partnership after the service has been performed

PA means Prior Authorization is required to be obtained from Connecticut Dental Health Partnership before the service is performed

An empty box means that prior authorization is NOT required

NA means that the Provider Type/Specialty cannot bill for these codes

Provider Type / Specialty Column Designates:

PA means Prior Authorization (PA) is required for under the age of 21

<21 means Prior Authorization is required for patients under the age of 21

>21 means Prior Authorization is required for patients 21 years of age and older

21-69 means Prior Authorization is required for patients 21 years of age and older, but less than 70

Please note procedure code D3352 and D3353 are restricted to under the age of 18

PAR designates PA <21 and PR <21

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