



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

MAR 16 2011

William J. Streur, Commissioner
Department of Health and Social Services
Post Office Box 110601
Juneau, Alaska 99811-0601

RE: Alaska State Plan Amendment (SPA) Transmittal Number 10-007

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services has completed its review of Alaska State Plan Amendment (SPA) Transmittal Number 10-007.

This amendment modifies coverage for dentures with limitations to the State plan preprint section of Attachment 3.1-A, and revises corresponding dentures sections to conform with recent changes in State law.

This SPA is approved effective July 1, 2010, as requested by the State.

If you have any questions concerning this SPA, please contact me, or have your staff contact Jan Mertel at (206) 615-2317 or jan.mertel@cms.hhs.gov.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Kimberli Poppe-Smart, State Medicaid Director
Jon Sherwood, Senior Medicaid Policy Analyst for health Care Services
Alice Rarig, Planner IV State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-07	2. STATE Alaska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: July 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a)(10)(A) and 1905(a) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 11 \$ 0 b. FFY 12 \$ 0 Please see Box 10, below	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attached Sheets to Attachment 3.1-A, page 3a; Attachment 4.19-B, page 1b Attachment 3.1-A, page 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attached Sheets to Attachment 3.1-A, page 3a Attachment 4.19-B, page 1b Attachment 3.1-A, page 5	
10. SUBJECT OF AMENDMENT: Technical fix adding dentures with limitations to the State Plan Pre-Print section of Attachment 3.1-A and revising corresponding denture sections to conform with recent changes in state law.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor does not wish to comment. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: William J. Streur		Alaska Department of Health and Social Services Office of the Commissioner P.O. Box 110601 Juneau, Alaska 99811-0601	
14. TITLE: Deputy Commissioner			
15. DATE SUBMITTED: July 21, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: JULY 21 2010		18. DATE APPROVED: MAR 1 6 2011	
PLAN APPROVED -- ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2010		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Barbara K. Richards		22. TITLE: Associate Regional Administrator	
23. REMARKS:		Division of Medicaid & Children's Health	

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribes drugs, dentures, and prosthetic devices' and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided with No limitations

Limitations

Not Provided

b. Dentures.

Provided with No limitations

Limitations*

Not Provided

c. Prosthetic devices.

Provided with No limitations

Limitations

Not Provided

d. Eyeglasses.

Provided with No limitations

Limitations

Not Provided

*Please see Attached Sheets to Attachment 3.1-A at page 3a

TN No.: 10-07

Supersedes

Approval Date: **MAR 16 2011**

Effective Date: July 1, 2010

TN No.: 97-014

Methods and Standards for
Establishing Payment Rates: Other Types of Care

10. Dental Services

Dental services for recipients age 21 or older are limited to emergency treatment for the relief of pain and acute infection and the following prior authorized additional services up to an annual limit of \$1150 per Medicaid recipient:

- 1) routine diagnostic examination and radiographs;
- 2) preventive care,
- 3) restorative care,
- 4) certain endodontic services,
- 5) periodontics,
- 6) prosthodontics,
- 7) oral surgery,
- 8) professional consultation.

The following services are excluded:

- (1) panoramic radiograph more than once per year;
- (2) final restorations in amalgam or resin for more than five surfaces;
- (3) dental sealants;
- (4) restoration of etched enamel or deep grooves without dentin involvement;
- (5) inlays, overlays or three-fourth crowns;
- (6) endodontic apical surgery or retrograde fillings;
- (7) periodontal surgery;
- (8) implant and implant-related dental services;
- (9) orthodontic services.

12 b. Dentures

Recipients age 21 and older are limited to extractions and alveoloplasty in preparation for dentures up to an annual limit of \$1150 per recipient. When upper and lower dentures are necessary and the annual limit is not adequate to cover the cost of the dental claim, twice the annual limit may be authorized by the Department. When authorizing twice the annual limit for dentures, the maximum amount authorized is the remaining amount from the current fiscal year and the entire amount allotted for the succeeding fiscal year. The recipient is not allowed a new or additional annual limit for the succeeding year beyond that already paid for the dentures.

MAR 16 2011

TN No. 10-07 Approval Date: _____ Effective Date: July 1, 2010
Supersedes: 06-06

Methods and Standards for
Establishing Payment Rates: Other Types of Care

Dental Services for Recipients age 21 or older:

Payment is made at the lesser of billed charges, the Medicare Resource Based Relative Value Scale Methodology used for physicians **in those instances where Medicare sets an RVU for the billed dental service**, the provider's lowest charge, or the statewide fee schedule up to an annual limit of \$1150 per Medicaid recipient age 21 or older.

Except as otherwise noted in the plan, state developed rates are the same for both public and private providers of dental services. The agency's rates for dental services were updated on 01/01/2010 and are effective for services rendered on or after that date. The fee schedule and any annual/periodic adjustments to the fee schedule and its effective dates are published at <http://medicaidalaska.com/providers/FeeSchedule.asp>. This fee schedule includes dental procedures whose payments are limited by the physician payment amount for dental procedures.

Dentures

For recipients age 21 and older, dentures and the authorized services to prepare for them, are paid up to an annual limit of \$1150 per recipient. When upper and lower dentures are necessary and the annual limit is not adequate to cover the cost of the dental claim, twice the annual limit may be authorized by the Department. When authorizing twice the annual limit for dentures, the maximum amount authorized is the remaining amount from the current fiscal year and the entire amount allotted for the succeeding fiscal year. The recipient is not allowed a new or additional annual limit for the succeeding year beyond that already paid for the dentures.

Except as otherwise noted in the plan, state developed rates are the same for both public and private providers of dentures. The agency's rates for dentures were updated on 01/01/2010 and are effective for services rendered on or after that date. The fee schedule and any annual/periodic adjustments to the fee schedule and its effective dates are included in the fee schedule for dental services published at <http://medicaidalaska.com/providers/FeeSchedule.asp>.

TN No. 10-07 Approval Date: **MAR 16 2011** Effective Date: July 1, 2010

Supersedes: 06-06