

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

May 23, 2011

JudyAnn Bigby, M.D., Secretary  
Executive Office of Health & Human Services  
One Ashburton Place, Room 1109  
Boston, Massachusetts 02108

Dear Dr. Bigby:

We have reviewed Massachusetts' State Plan Amendment (SPA) No. 10-003, received in the Boston Regional Office on September 30, 2010. This amendment places limitations on certain optional dental services. The SPA also adds services provided by public health dental hygienists as an Other Licensed Practitioner service in the State plan.

Based on the information provided, we are pleased to inform you that Massachusetts SPA 10-003 is approved, effective July 1, 2010. Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation in the Massachusetts Medicaid State Plan. Please note that during the review of this, issues related to other services were identified that are addressed in the enclosed companion letter.

If you have any questions, please contact Aaron Wesolowski of my staff. Aaron Wesolowski can be reached at (617) 565-1325 or by email at [aaron.wesolowski@cms.hhs.gov](mailto:aaron.wesolowski@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Terry Dougherty, Medicaid Director  
Michael Coleman, State Plan Coordinator

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>10-003</b>	2. STATE  <b>MA</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
10. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  <b>07/01/10</b>	
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			
<i>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 USC 1396d(a)(10) / 42 CFR 440.100</b>		7. FEDERAL BUDGET IMPACT:  a. FFY10            \$ ( 8,621,200) b. FFY11            \$ (32,026,400)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Supplement to Attachment 3.1-A, page 3 Supplement to Attachment 3.1-B, page 3</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Same</b>	
10. SUBJECT OF AMENDMENT:  <b>Dental Coverage</b>			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <b>Not required under 42 CFR 430.12(b)(2)(ii)</b>	
12. _____		16. RETURN TO:	
13. _____		<b>Michael P. Coleman State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11<sup>th</sup> Floor Boston, MA 02108</b>	
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>09/30/10</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>September 30, 2010</b>		18. DATE APPROVED: <b>May 23, 2011</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2010</b>		20. SIGNATURE OF REGIONAL OFFICER:  _____	
21. TYPED NAME: <b>Richard R. McGreal</b>		22. TITLE: <b>Associate Regional Administrator, Division of Medicaid and Children's Health Operations</b>	
23. REMARKS:  <b>CMS and EOHHS mutually agreed to modify Box 8 to include the following pages: -Supplement to Attachment 3.1-A, pages 2, 3, and 3a2 -Supplement to Attachment 3.1-B, pages 2, 3, and 3a2 -Attachment 4.19-B, pages 1a and 1aa</b>			

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Limitations to Services Provided to the Categorically Needy

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**Item 6: Licensed Practitioners Services**

Licensed Practitioner Services are provided in accordance with 42 CFR 440.60.

- a. **Podiatrists' Services** – Coverage is for podiatry services that are considered medically necessary. Office visits are limited to one initial visit, one limited visit per 30 day period, one extended visit per 30 day period, and one follow up visit per week. Out of office visits are limited to one visit in a 30 day period in a long-term-care facility or the member's home and two visits in a 30 day period in a hospital setting.
- b. **Optometrists' Services** – Available services are as follows:
  - The following are covered services: routine eye examinations.
  - Services that are limited to members who meet certain clinical criteria include: more than one routine eye examination within a 12-month period.
  - Services that are subject to prior authorization include: fundus photography ; non-plastic prosthetic eyes; unlisted services; and vision training.
  - Exclusions consist of treatment for congenital dyslexia.
- c. **Chiropractic Services** – include chiropractic manipulative treatment and radiology services. Services are limited to medically necessary treatment related to a neuromusculoskeletal condition. Services are limited to a total of 20 chiropractic manipulative treatments, per member per calendar year. Chiropractic manipulative treatments in excess of 20 per member per calendar year are subject to prior authorization. Chiropractor services require a written referral from the member's primary care provider prior to the delivery of services.
- d. **Other Practitioners' Services** – Other practitioners' services also include psychologists' services, which are limited to psychological testing only: hearing instrument specialist services and public health dental hygienist services. Hearing instrument specialist services are limited to the practice of fitting and dispensing of hearing aids which means the measurement of human hearing solely for the purpose of making selections, adaptations or sales of hearing aids intended to compensate for impaired hearing. The MassHealth agency does not pay for more than one hearing aid per ear per member in a 60 month period without prior authorization.

Public health dental hygienist services are limited to services provided in public health settings within the scope of practice governed by the Massachusetts Board of Registration in Dentistry and covered by the MassHealth agency.

**State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Amount, Duration, and Scope of Medical  
and Remedial Care and Services Provided to the Categorically Needy**

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**Item 9: Clinic Services**

Clinic Services are available with limitations. The Division only pays for freestanding ambulatory surgical services that are medically necessary and appropriately provided in the most cost-effective settings. Freestanding ambulatory surgical center services are limited to surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures requiring general, local, or regional anesthesia, and must be furnished to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.

**Item 9a: Designated Emergency Mental Health Provider**

The Division intends to establish a new provider type under this State Plan called Designated Emergency Mental Health Provider (DEP), also known as an Emergency Service Program (ESP). To qualify as a DEP/ESP, a provider of clinical services must be designated as such by the Commonwealth.

**Item 10: Dental Services**

- A. For members under age 21, all medically necessary dental services, including comprehensive and periodic oral evaluations and all dental services needed for maintenance of dental health, restoration of teeth, and relief of pain and infections are covered.
- B. For members age 21 or over the following dental services are covered:
- diagnostic services including oral evaluation (comprehensive and periodic) and radiographs; preventive services including prophylaxis.
  - emergency care visits;
  - extractions;
  - anesthesia;
  - treatment of complications related to surgery; and
  - certain oral surgery such as biopsies and soft-tissue surgery.

In addition, for members age 21 or over, there are limited exceptions that allow for topical fluoride, crowns and root canals on posterior teeth when documented as medically necessary.

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Amount, Duration, and Scope of Medical  
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- (f) nonprescription drugs
  - Allergy Agents, Ophthalmic
  - Analgesics
  - Antihistamines/Decongestants
  - Antimicrobials, Topical
  - Contraceptives, Topical
  - Gastrointestinal Products

(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

(h) barbiturates

(i) benzodiazepines

(j) smoking cessation for non-dual eligibles as Part D will cover

b. **Dentures** - See Supplement to Attachment 3.1-A, page 3, Item 10, above.

c. **Prosthetic Devices** - Prosthetic devices (including orthotic devices) are reimbursable subject to the conditions specified in 130 CMR 428.000 and 130 CMR 442.000.

d. **Eyeglasses** - The following are covered services: eyeglasses, eyeglass parts, eyeglass dispensing, contact lenses and other visual aids

Services that are limited to members who meet certain clinical criteria include: tinted lenses, coated lenses, and two pairs of eyeglasses instead of bifocals, cataract lenses and contact lenses..

Services that are subject to prior authorization include: extra or spare eyeglasses; the following types of contact lenses--PMMA color vision, deficiency, gas permeable or hydrophilic toric prism ballast, gas permeable or hydrophilic bifocal; low vision aids; glass lenses; special-needs lenses; tints other than "pink 1" and "pink 2" that are available for plastic lenses only, and, polycarbonate lenses for members aged 21 or older or for any member who is amblyopic or monocular.

Exclusions consist of absorptive lenses of greater than 25% absorption, prisms obtained by decentration; contact lenses for extended wear use; invisible bifocals; and Welsh 4-drop Lens.

The volume purchase of eyeglasses limits the selection of frames and lenses to a basic assortment from the optical supplier.

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Limitations to Services Provided to the Medically Needy

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State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Amount, Duration, and Scope of Medical  
and Remedial Care and Services Provided to the Medically Needy Groups

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State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Amount, Duration, and Scope of Medical  
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State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Methods and Standards for Establishing Payment Rates – Other Types of Care

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- e. Medical or other type of remedial care recognized under the laws of the Commonwealth furnished by licensed practitioners within the scope of their practice as defined by the laws of the Commonwealth:
1. audiological services — fee schedule established by DHCFP;
  2. chiropractor services — fee schedule established by DHCFP; except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in Division of Health Care Finance and Policy regulations at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp) and /or providers are notified directly by provider bulletins; and
  3. optometric services (including professional fee and certain items dispensed) — fee schedule established by DHCFP; except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in Division of Health Care Finance and Policy regulations at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp) and /or providers are notified directly by provider bulletins.
  4. psychologist services- fee schedule established by DHCFP; rates are posted under Division of Health Care Finance and Policy regulations at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp) and /or providers are notified directly by provider bulletins.
  5. public health dental hygienist –The agency’s rates are contained in the fee schedule for dental services referenced in Att. 4.19-B, Item 8.j.
- f. Home health care services — fixed fee schedules established by DHCFP (see pages 2A-1 through 2A-10).
- g. Private duty nursing services — fee schedule established by DHCFP.
- h. Clinic services — fixed fee per visit for each clinic established by DHCFP. \* Payments under this section comply with the Federal upper payment limits (UPL) established under 42 CFR 447.321.
1. Freestanding Ambulatory Surgical Centers:
    - a. facility component reimbursed by a fee schedule established by DHCFP; and
    - b. prosthetic devices reimbursed separately from the facility component by a fee schedule established by DHCFP.
  2. Section 638 Tribal Facilities. Payment is made to Section 638 tribal facilities in accordance with the most recently published *Federal Register* notice addressing the I.H.S. encounter rate. Medicaid services covered by the all-inclusive rate include the following:
    - a. early and periodic screening, diagnosis and treatment services;
    - b. family planning services and supplies;
    - c. physicians’ services;
    - d. medical care and any other remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law (i.e., podiatrist, optometrist, chiropractor, and audiologist services);
    - e. rural health clinic services;

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Methods and Standards for Establishing Payment Rates – Other Types of Care

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- f. home health services;
- g. private duty nursing services;
- h. clinic services;
- i. dental services;
- j. physical therapy and related services;
- k. other diagnostic, screening, preventive, and rehabilitation services;
- l. nurse-midwife services;
- m. case management services;
- n. extended services for pregnant women;
- o. ambulatory prenatal care for pregnant women; and
- p. pediatric or family nurse practitioners' services.