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State/Territory Name: MO

State Plan Amendment (SPA) #: 16-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) Summary Form (with 179-like data)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

May 6, 2016

Brian Kinkade, Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, MO 65102-1527

Dear Mr. Kinkade:

On January 8, 2016, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #16-0001, which adds Adult Dental coverage to the state plan. On April 5, 2016, the Regional Office (RO) sent a request for additional information (RAI). The state responded to the RAI on April 7, 2016.

This SPA was approved on May 4, 2016, with an effective date of January 1, 2016, as requested by the State. Enclosed is a copy of the CMS 179 form, as well as, the approved pages for incorporation into the Missouri State plan.

I appreciate the significant amount of work that your staff dedicated to getting this SPA approved and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me at (816)426-5925 or have your staff contact Kevin Slaven at (816) 426-5925.

Sincerely,

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc:
Joseph Parks, M.D., Director
Debbie Meller



Division of Medicaid and Children's Health Operations

May 6, 2016

Brian Kinkade, Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, MO 65102-1527

Dear Mr. Kinkade:

On January 8, 2016, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #16-0001. We are issuing this companion letter to the approval of this SPA.

In order to move forward to approval on SPA #16-0001, Missouri added effective date language for Dental services to Attachment 4.19-B, Page 1. In reviewing this page, CMS noted the added language does not address the effective dates of payment for the other physician services described on that page (doctors of medicine, osteopath and podiatry). As a result, CMS determined the methodology for payment of other physician services is not comprehensive, since no effective date is given on the plan page. Also, the state cannot include language in their state plan that makes payments subject to the availability of funds.

Federal Regulations at 42 CFR 430.10 and 447.252 require that the state plan contain a comprehensive description of the rate methodologies. Because this page does not address the effective date for other physician services and includes language that make payments subject to the availability of funds, this companion letter is being issued to request that Missouri submit a new Attachment 4.19-B, Page 1 to add the effective date for payments to doctors of medicine, osteopath, and podiatry. Also, the state needs to remove the following portion of the second paragraph: "if the funds at the disposal or which may be obtained by the MO HealthNet Division for the payment of medical assistance benefits on behalf of any person under one or more of the following specific medical services reimbursement methods, shall at any time become insufficient to pay the full amount thereof, then, pursuant to state law, the amount of any payment on behalf of each such persons shall be reduced to pro rata in proportion to such deficiency in the total amount available or to become available for such purpose."

Finally, CMS reminds the state that they may not make additional changes to the rates without issuing public notice and submitting a state plan amendment to CMS for approval.

If you have any questions about the content of this letter, please contact Kevin Slaven at (816) 426-5925.

Sincerely,

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

cc:

Joseph Parks, M.D., Director
Debbie Meller

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 6 --- 01</u>	2. STATE Missouri
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
	4. PROPOSED EFFECTIVE DATE January 1, 2016

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 440	7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$ <u>4,192,066</u> b. FFY <u>2017</u> \$ <u>5,589,422</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 15; page 15-1; Attachment 4.19-B page 1	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A page 15; page 15-1; Attachment 4.19-B page 1
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10. SUBJECT OF AMENDMENT:

Adds coverage of additional adult dental services to the State Plan.

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16: RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPE NAME: Brian Kinkade	
14. TITLE: Director	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: January 8, 2016	18: DATE APPROVED: May 4, 2016
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS:

State: Missouri10. Dental Services

Coverage of dental services for adults is limited to the following categories of service and may require prior authorization: trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury; treatment of a disease/medical condition without which the health of the individual would be adversely affected; preventive services; restorative services; periodontal treatment; oral surgery; extractions; radiographs; pain evaluation and relief; infection control; and general anesthesia.

The dental services for adults include the following dental procedures (Current Dental Terminology - CDT) codes:

Procedure Code	Procedure Code Description	*Requirements / Limitations
D0140	Limited oral evaluation – problem focused	None
D0220	Intraoral – periapical – first film	None
D0230	Intraoral – periapical – each additional film	Limited to 4 per day.
D0330	Panoramic film	Only for ages 6 and over. Limited to 1 per 24 months.
D7140	Extraction, erupted tooth or exposed root (evaluation and/or forceps removal)	None
D7210	Removal of erupted tooth requiring removal of bone and/or sectioning of tooth	None
D9110	Palliative (emergency) treatment of dental pain – minor procedure	None
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	Operative Report required.
D7220	Removal of impacted tooth – soft tissue	X-ray required if teeth are not #s 1, 16, 17 or 32.
D7230	Removal of impacted tooth – partially bony	X-ray required if teeth are not #s 1, 16, 17 or 32.
D7510 (TOS 2 Surgery)	Incision and drainage of abscess – intraoral soft tissue	None
D7511 (TOS 2 Surgery)	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	None
D7520 (TOS 2 Surgery)	Incision and drainage of abscess – extraoral soft tissue	None
D7521 (TOS 2 Surgery)	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	None
D7240	Removal of impacted tooth – complete bony	X-ray required if teeth are not #s 1, 16, 17 or 32.
D7241	Removal of impacted tooth – complete bony, with unusual surgical complications	X-ray required if teeth are not #s 1, 16, 17 or 32.
D7250	Surgical removal of residual tooth roots (cutting procedure)	X-ray required.
D7285 (TOS 2 Surgery)	Biopsy of oral tissue – hard (bone, tooth)	None
D7286 (TOS 2 Surgery)	Biopsy of oral tissue – soft (all others)	None
D9230 (TOS 2 Surgery)	Analgesia	None
D9243 (TOS 2 Surgery)	Intravenous conscious sedation/analgesia – each 15 minute increment	Limited to 3 units per day. 4 or more units require prior authorization.
D9248 (TOS 2 Surgery)	Non-intravenous conscious sedation	None

State Plan TN#: 16-01
Supersedes TN#: 05-09

Effective Date: January 1, 2016
Approval Date: May 4, 2016

Procedure Code	Procedure Code Description	*Requirements / Limitations
D9610	Therapeutic drug injection	None
D9612	Therapeutic parental drugs, 2 or more administrations, diff medication	None
D7260 (TOS 2 Surgery)	Oroantral fistula closure	None
D7261 (TOS 2 Surgery)	Primary closure of a sinus perforation	Operative Report required.
D0150	Comprehensive oral evaluation	None
D1110	Prophylaxis – Adult (Ages 13-125)	Limited to 1 dental prophylaxis per 6 months, same provider, both arches.
D0272	Bitewings – 2 Films	Limited to 1 set of bitewings per 6 months, same provider.
D0274	Bitewings – 4 Films	Limited to 1 set of bitewings per 6 months, same provider.
D4341 (TOS 2 Surgery)	Periodontal Scaling and Root Planing	Prior Authorization required.
D4342 (TOS 2 Surgery)	Periodontal Scaling and Root Planing	Prior Authorization required.
D4355 (TOS 2 Surgery)	Full Mouth Debridement	None
D4910	Periodontal Maintenance	None
D2140	Amalgam – one surface, primary or permanent	None
D2150	Amalgam – two surfaces, primary or permanent	None
D2160	Amalgam – three surfaces, primary or permanent	None
D2161	Amalgam – four or more surfaces, primary or permanent	None
D2330	Resin-based composite – one surface, anterior	None
D2331	Resin-based composite – two surfaces, anterior	None
D2332	Resin-based composite – three surfaces, anterior	None
D2335	Resin-based composite – four or more surfaces, or involving incisal angle, anterior	None
D2390	Resin-based composite crown, anterior	None
D2391	Resin-based composite – one surface, posterior	None
D2392	Resin-based composite – two surfaces, posterior	None
D2393	Resin-based composite – three surfaces, posterior	None
D2394	Resin-based composite – four or more surfaces, posterior	None
D2940	Protective restoration	None
D2950	Core build-up, including pins when required	None

*An explanation of any CDT reference limitations for this code may be found at <http://www.ada.org/en/publications/cdt/>.

11.a.,b.,c. Physical Therapy and Related Services

Physical therapy, occupational therapy, and speech, language or hearing pathology or disorders are not provided and reimbursed as separate, independent practitioner services.

State Plan TN#: 16-01
Supersedes TN#: 05-09

Effective Date: January 1, 2016
Approval Date: May 4, 2016

State: Missouri

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

The definition and determination of reasonable charge as administered by the MO HealthNet Division in establishing rates of payment for medical services will be that charge which most nearly reflects the provider's usual and customary charge to the general public for the service, as qualified by application of available prevailing charge resources and the upper and lower limitations of payment stipulated or optionally provided in Federal regulation.

If the funds at the disposal or which may be obtained by the MO HealthNet Division for the payment of medical assistance benefits on behalf of any person under one or more of the following specific medical services reimbursement methods, shall at any time become insufficient to pay the full amount thereof, then, pursuant to state law, the amount of any payment on behalf of each of such persons shall be reduced to pro rata in proportion to such deficiency in the total amount available or to become available for such purpose. In accordance with requirements of Title 42, Code of Federal Regulations, 447.204, the agency's payments will not be reduced beyond the point at which they become insufficient to enlist enough providers so services under the plan are available to recipients at least to the extent that those services are available to the general population.

PHYSICIAN, DENTAL AND PODIATRY SERVICES

Physician Services (includes doctors of medicine, osteopathy, podiatry, dentistry).

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the MO HealthNet Division. Reimbursement is the lesser of charges or the published fee schedule amount. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dental services and the fee schedule is published on the website at <http://www.dss.mo.gov/mhd/providers/index.htm> and are effective for services provided on and after the effective date of this state plan amendment.

The determination and reimbursement of reasonable charge will be in conformance with the standards and methods as expressed in 42 CFR 447 Subpart F. Agency payment will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The allowable fee based on reasonable charge as above determined.

For certain specified diagnostic laboratory services included under the Title XVIII Medicare fee schedule, and when provided in a physician's place of service, Medicaid payment will not exceed the maximum allowable Medicare payment.

Payment for physician services for those organ and bone marrow transplant services covered as defined in Attachment 3.1-E will be made on the basis of a reasonable charge determination resulting from medical review by the Medical Consultant.

The state agency will reimburse providers of Physician's Services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient-patients who also have Medicare Part B eligibility.

State Plan TN# 16-01
Supersedes TN# 10-14

Effective Date January 1, 2016
Approval Date May 4, 2016